

Name
in
Full

Isaac Addison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Chillum		Town	County Prince George		MARYLAND	
Date of death 1909	Month December	Day 19	Years th.	Age 6	Months 4	Days 14
Sex Male	Color or Race Colored			Birth-place	Prince Geo. Md.	
Occupation none		Where Residing if not at place of death - - - - -				
Married, Single or Widowed single		Name of Wife or Husband - - - - -				
Father's Name Colbert Addison		Father's Birthplace Maryland				
Mother's Maiden Name Emma Jackson.		Mother's Birthplace Maryland				
Name of person giving Information Colbert Addison		How related to deceased Father				

CAUSES OF DEATH

71

How long

Seven days

How long

Heniplegia 4 days

Primary

Scarlet Fever

Immediate

Heniplegia, Exhaustion

Are the name, age, sex, color, date and place correctly given above?

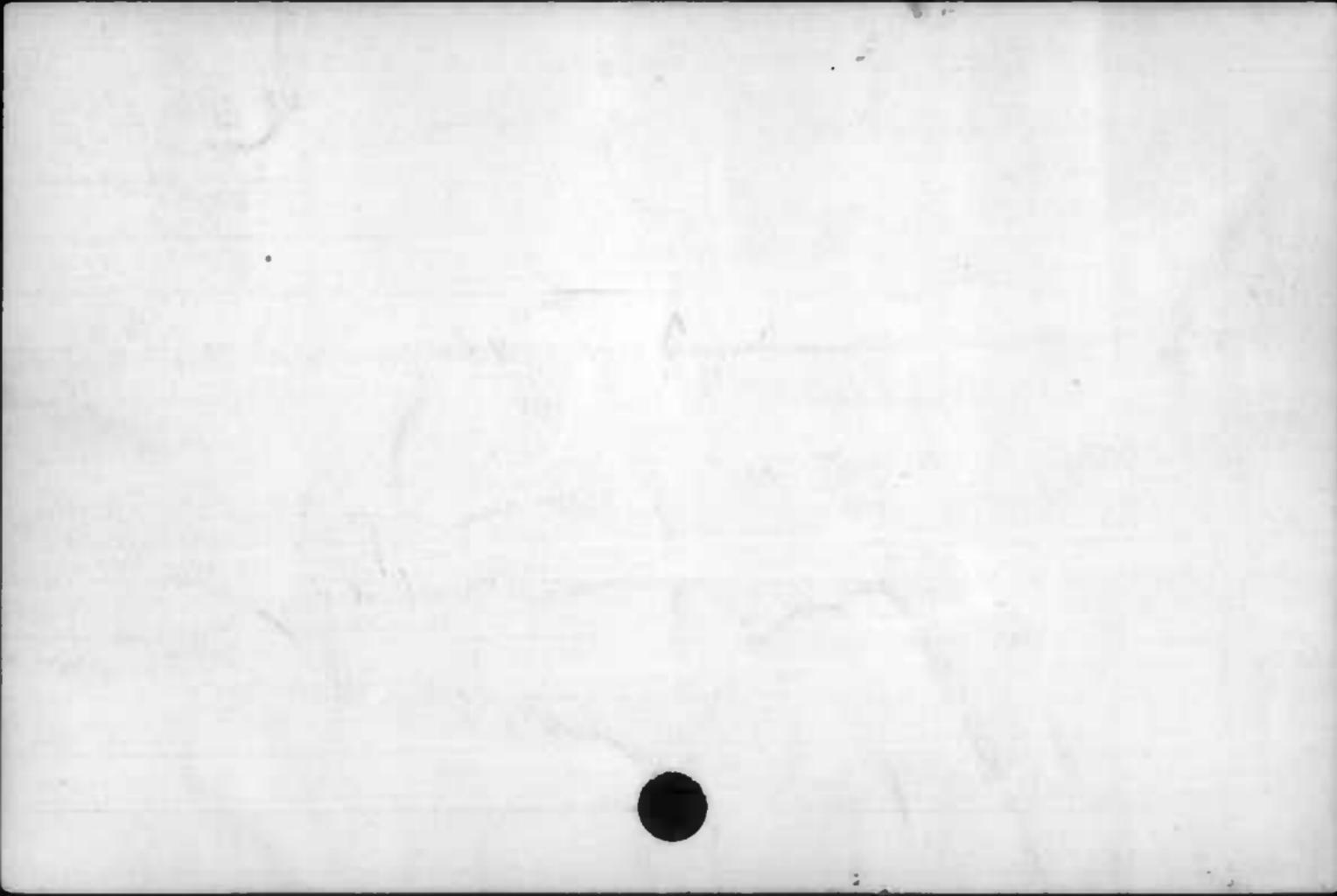
yes

Signature of Physician

Address

Takoma Park D.C.

Accident or Suicide?



Name
in
Full

Albert Ader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Manor Farm Town Princ George County
Date of death 1909 Month Dec Day 4 Years 59 Months _____ Days _____
Sex male Color or Race white Birth-place Md.
Occupation farmer Where Residing if not at place of death _____

Married, Single or Widowed widowed Name of Wife or Husband _____

Father's Name Lewis Ader Father's Birthplace Md.

Mother's Maiden Name Margaret Ader Mother's Birthplace Md.

Name of person giving Information Mrs E. Teafelby How related to deceased sister

CAUSES OF DEATH

Primary cerebral hemorrhage

64

How long

How long

How long

Immediate asthma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J M Brady
Kenslworth, M.D.

Accident or Suicide

Hoyalts

744

Mr. Wrist

Edington High

Mr. James Farmer

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>John Barber</i>					CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND			
Date of death	1909	Month Dec	Day 9	Years 68	Months 4	Days 3		
Sex	Male	Color or Race	<i>Colored</i>		Birth-place	<i>Maryland</i>		
Occupation	<i>Barber</i>							
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death					
Father's Name	<i>Maryland</i>		<i>James Meades</i>			Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Unknown</i>		<i>Unknown</i>			Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>James Meades</i>						How related to deceased	<i>Brother-in-law</i>
CAUSES OF DEATH								
Primary	<i>Interstitial nephritis</i>							
Immediate	<i>Transection</i>							
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		How long		
<i>Yes</i>				<i>W. Montford Down</i>		<i>Two years</i>		
Accident or Suicide?				Address		<i>Agawam, Md.</i>		

120

How long

How long

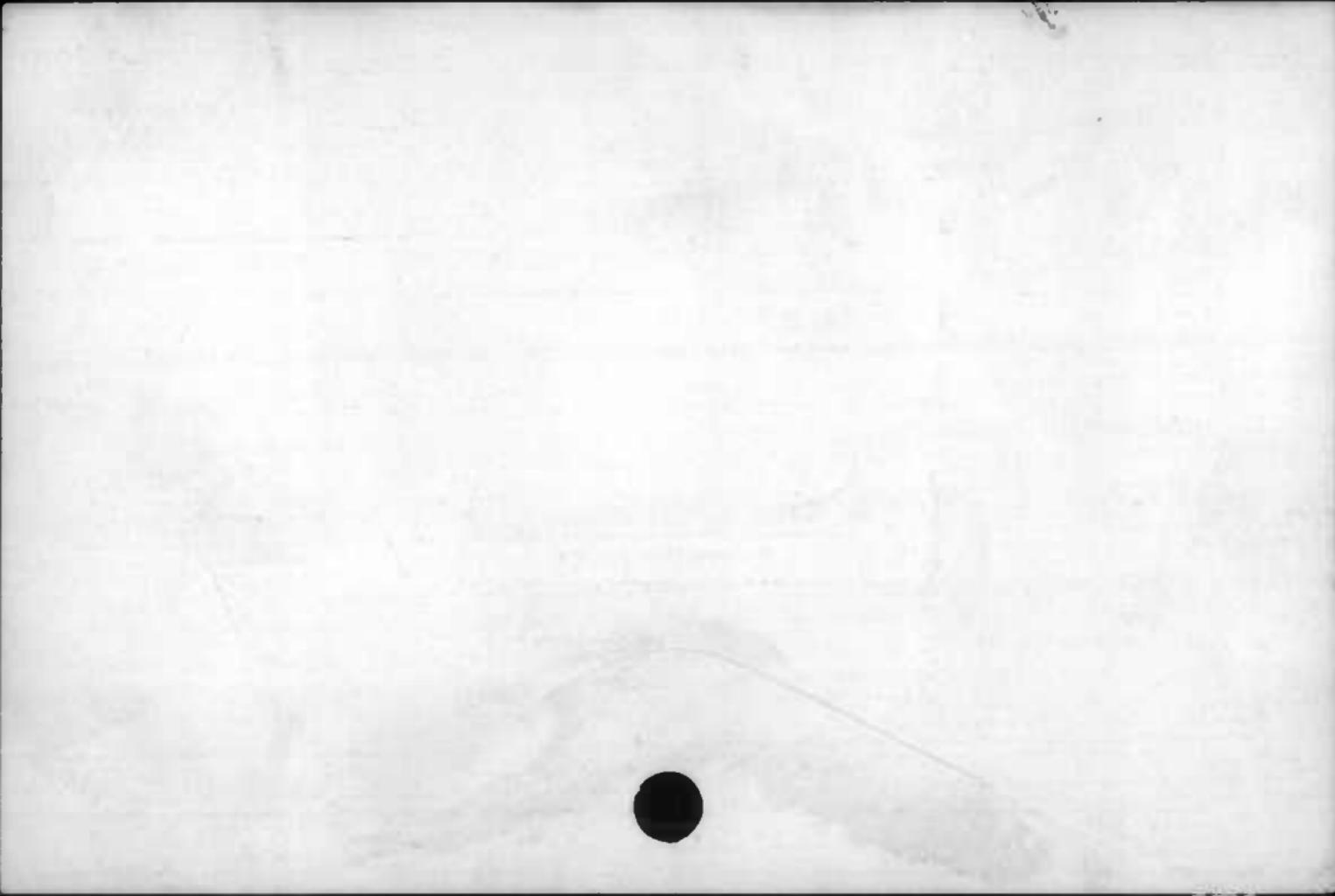
Two years.

Two weeks

W. Montford Down

Agawam, Md.

LIBRARY BUREAU A88818



Name
in
Full

Martha A Boswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Upp. Marlboro</u>		<u>P. Geo</u> County	MARYLAND	
Date of death	Month <u>10</u>	Day <u>13</u>	Years <u>60</u>	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Age	Birthplace <u>VA</u>	Days
Occupation <u>Housewife</u>	Where Rasing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>William H. Boswell</u>			
Father's Name <u>Lloyd Gray</u>	Father's Birthplace <u>VA</u>			
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>			
Name of person giving Information <u>W. H. Boswell</u>	How related to deceased <u>Husband</u>			

CAUSES OF DEATH

Primary

Dementia,
Exhaustion.

68

How long

1 year

Immediate

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

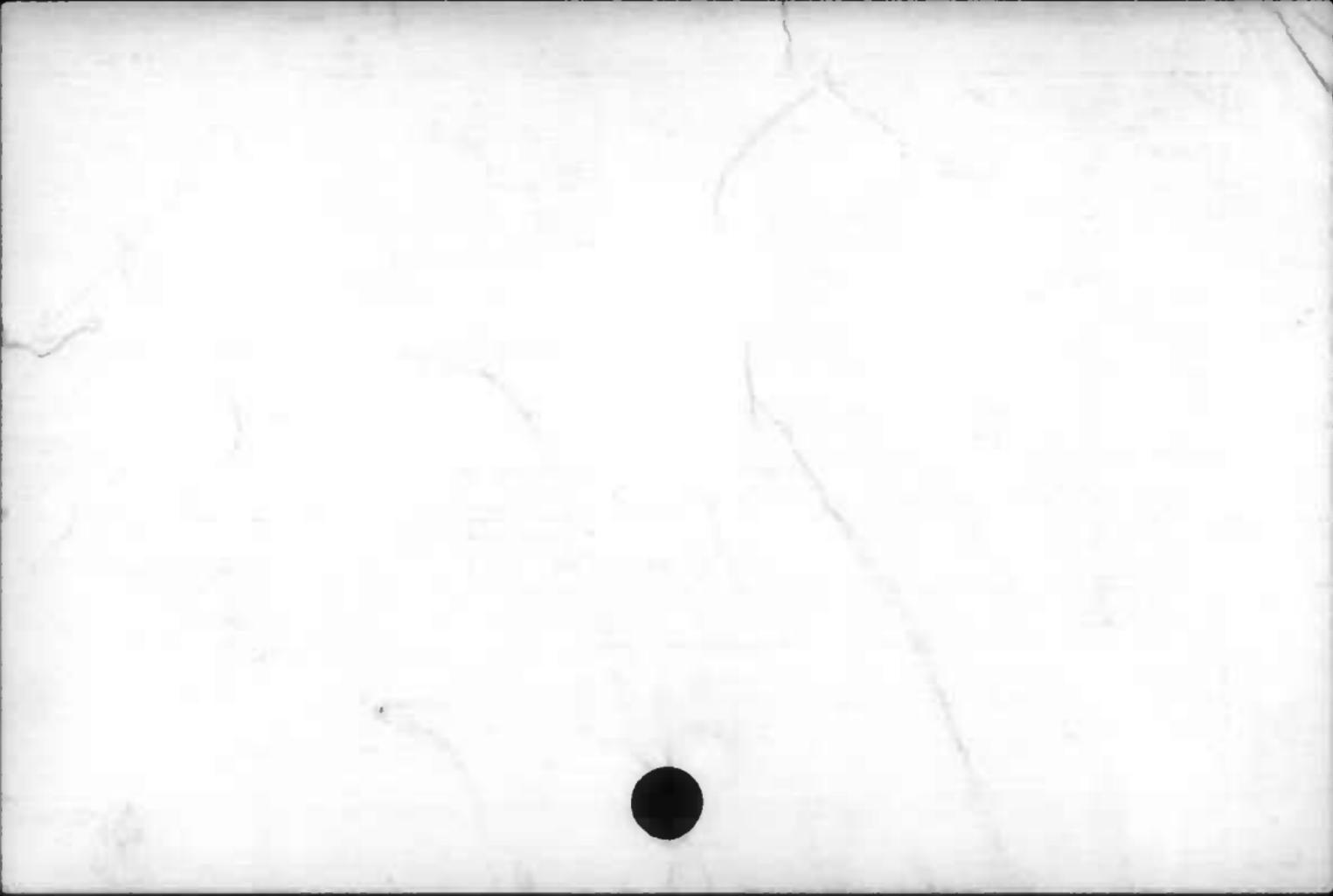
Yes

Address

Reverdy Sasser
Upper Marlboro
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Berwyn

Town

Baltimore
County

Prince Geo Co

Date
of death 190

Month

9 Dec

Day

11th

Year

4 hours

Months

Days

Sex

male

Color or
Rse

white

Birth-
place

Berwyn

Occupation

None

Where Reading if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

R. H. Bowling

Father's
Birthplace

Bethel Co. Md

Mother's
Maiden Name

Katharine J. ~~Wyo~~

Mother's
Birthplace

Prince Geo Co.

Name of person giving
Information

R. H. Bowling

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth

151

How long

1 day

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

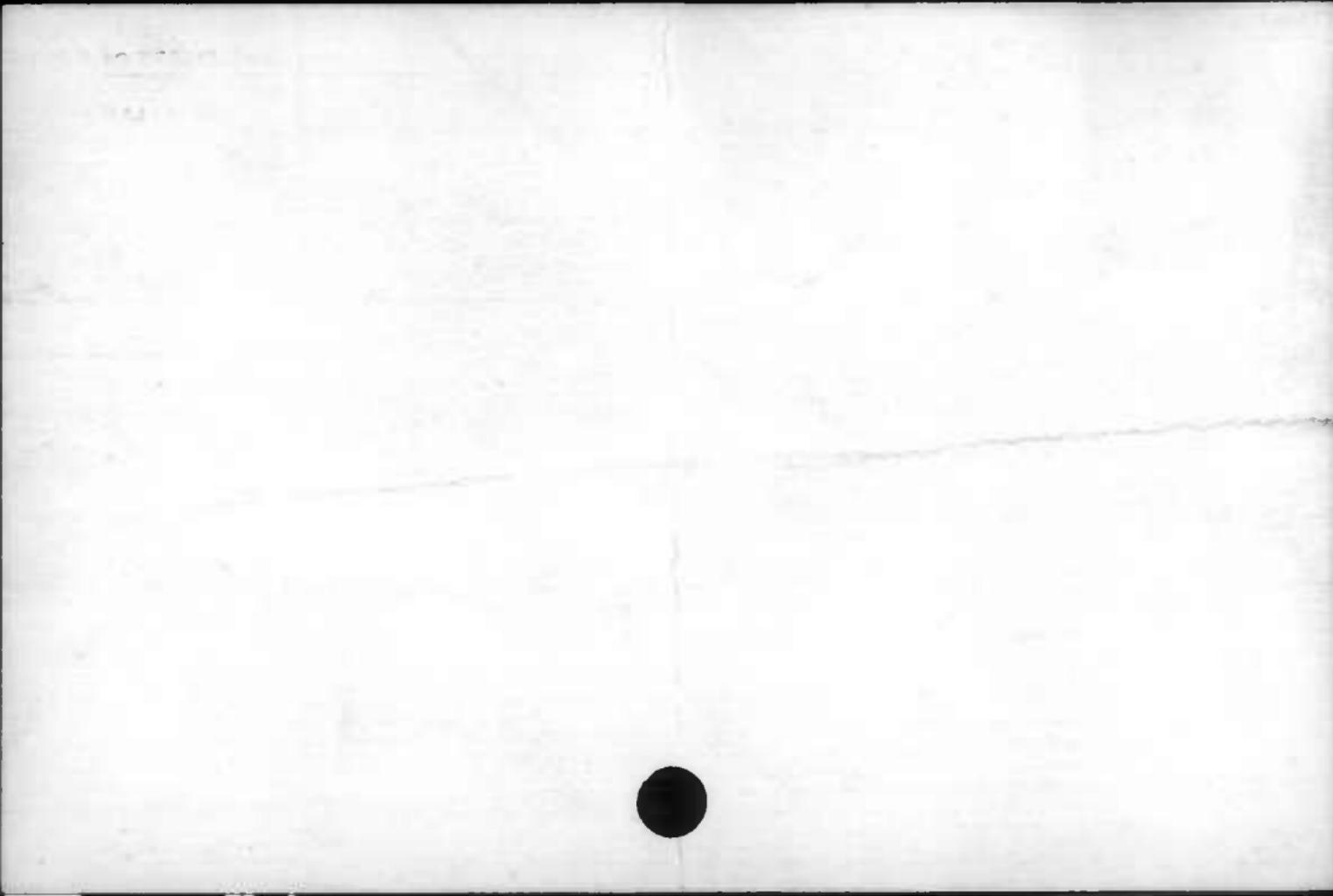
Address

H. H. Willis.

Hyattsville.
Md

Accident or Suicide

no



Name
in
Full

Joseph P. Bratton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Fort Washington		Town, Prince George		County		MARYLAND	
Date of death 1909	Month December	Day 27th	Age 27	Years	Months 3	Days —	
Sex Male	Color or Race White	Where Residing if not at place of death Resided at Fort Washington, Md.		Birth- place Jersey City, N.J.			
Occupation Soldier							
Married, Single or Widowed Single	Name of Wife or Husband —						
Father's Name Unknown					Father's Birthplace Unknown		
Mother's Maiden Name "					Mother's Birthplace "		
Name of person giving Information H. von Lehren, Sgt 1 st class, Hosp. Corps					How related to deceased Not related		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic nephritis

120

How long

Immediate

Acute pulmonary oedema

120

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

M. H. Darnall

1st Finl. Med. Res. Corps

Fort Washington, Md.

Accident or Suicide?

1



Name
in
Full

Eugene Campbell

CERTIFICATE OF DEATH

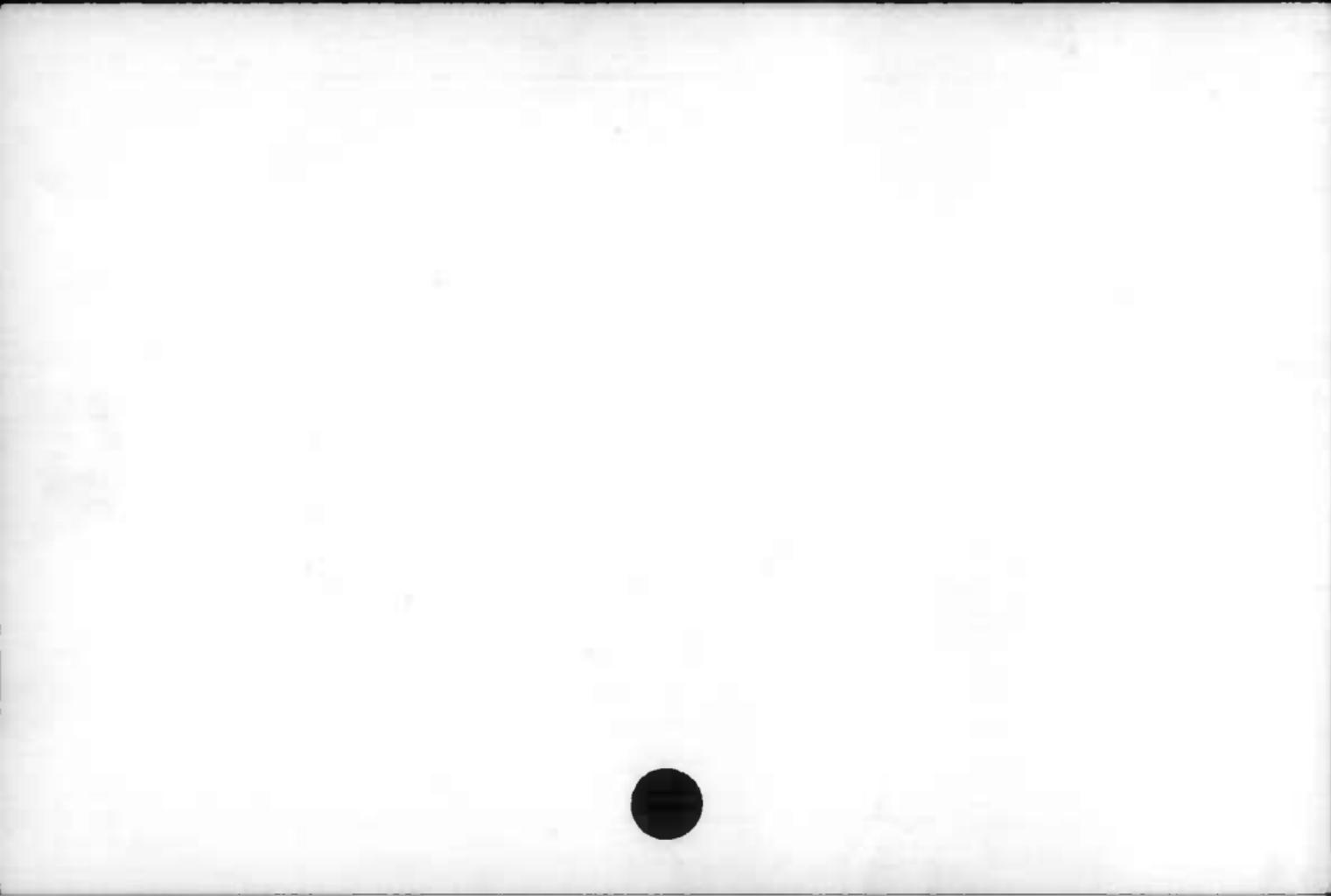
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Colored	Birth-place
Occupation	Insurance Agent		Where Residing if not at place of death	
Married, Single or Widowad	Single	Name of Wife or Husband	—	
Father's Name	Geo. Buchanan			
Mother's Maiden Name	Mary F Campbell			
Name of person giving Information	Mary F Campbell			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Myocarditis		79	How long
Immediate	Mitral insufficiency		3 mo	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Immediate	
		Address	Huntington Hospital Hyattsville Md	
Accident or Suicide	Neither			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Levi Gantner

CERTIFICATE OF DEATH

Died at

Aquasco

County

Dr. Broo

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

9 Dec 22

Age 32

4 6

Sex

Color or
Race

Birth-
place

Occupation

White

Ind

Married, Single
or Widowed

Name of Wife or
Husband

Where Residing if not
at place of death

Married Margaret Danner

Father's
Name

Henry Gantner

Father's
Birthplace

Ind.

Mother's
Maiden Name

Sarah Aude

Mother's
Birthplace

Ind.

Name of person giving
Information

Allan Richardson

How related
to deceased

Son

CAUSES OF DEATH

Primary

Softening of Brain

How long

3 yrs.

Immediate

Heart Failure

How long

Instant.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

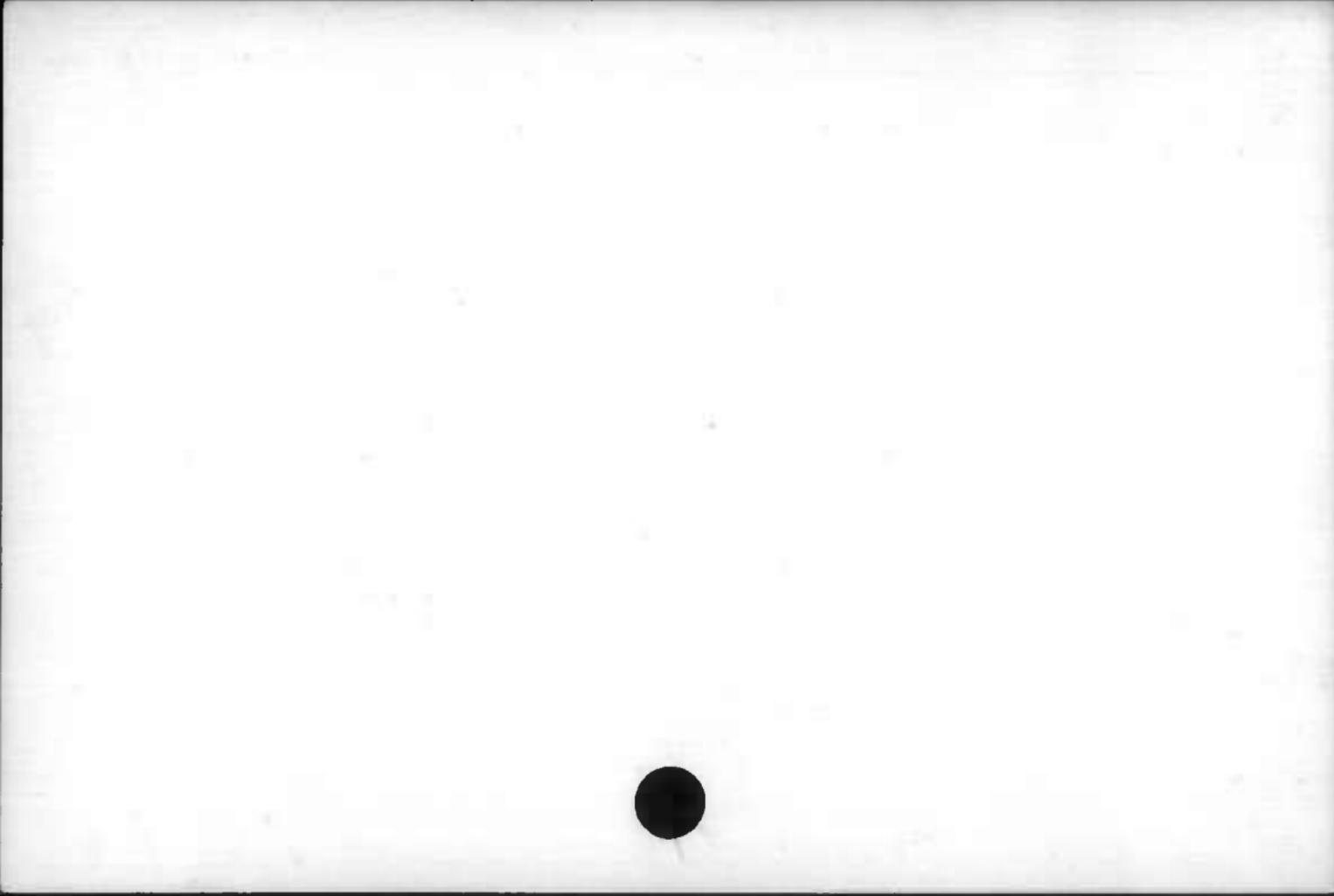
Address

W. Morton Brown

Accident or Suicide

No.

Aquasco Ind



Name
in
Full

Elmer E. Clark.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Laurel Dam Laminine Laurel Prince George Co MARYLAND
Town Month Day Years Months Days
Date of death 1909 12 31 Age 41 — —
Sex Male Color or Race White Birth-place Unknown
Occupation Clerk Where Residing if not at place of death Washington D.C.
Married, Single or Widowed Name of Wife or Husband Unknown
Father's Name Unknown Father's Birthplace Unknown
Mother's Maiden Name Unknown Mother's Birthplace Unknown
Name of person giving Information Mrs E E Clark How related to deceased Wife

PHYSICIAN
OR CORONER

Primary

Fates Dorsalis

62

How long

4 yrs

Immediate

General Paroxys

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

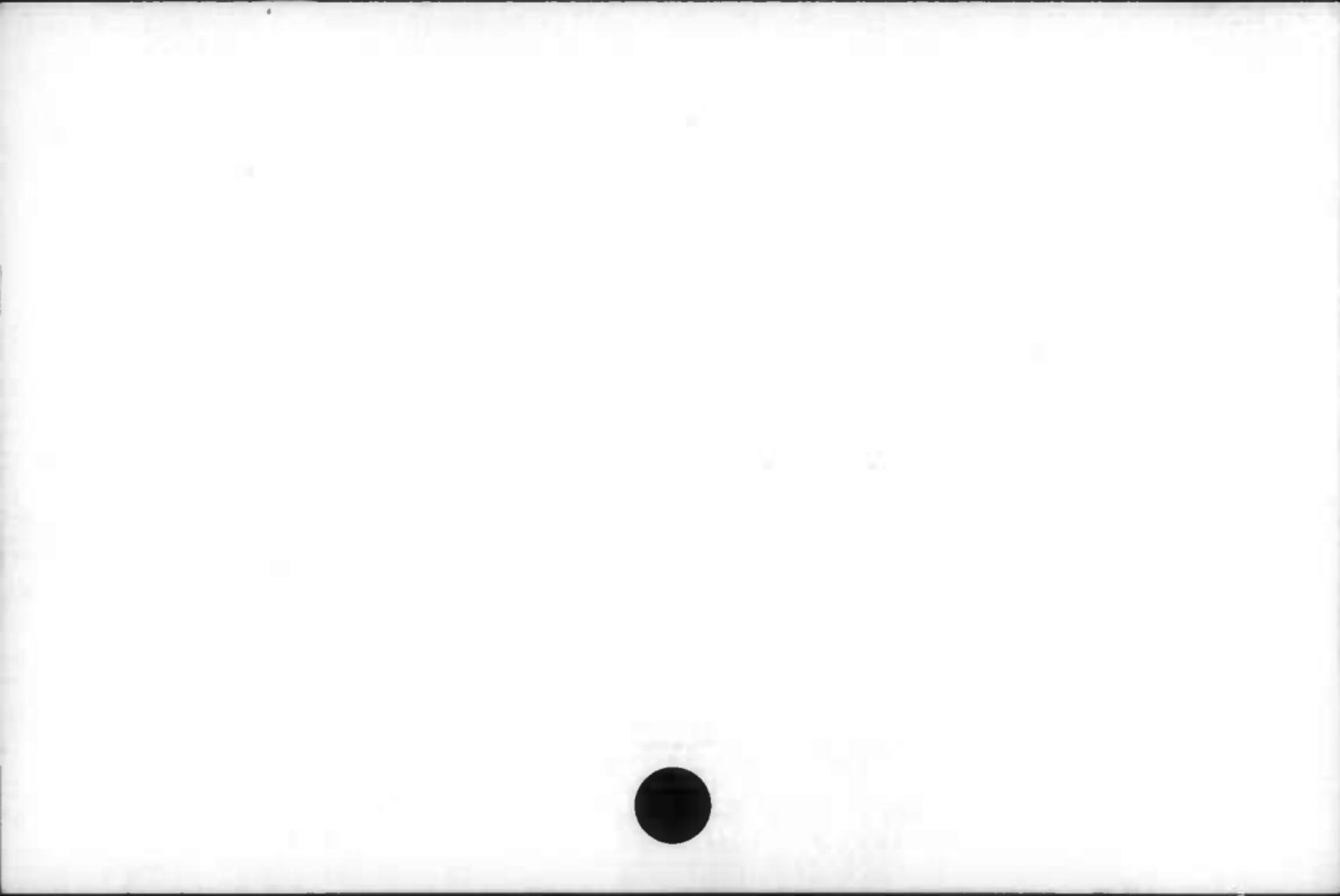
Signature of
Physician

Address

Jesse Coggin
Same 2nd

Accident or Suicide

No



Name
in
Full

George Augustus Sullivan Crowley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Upper Marlboro Town Prince George's County
Date of death 1909 Month Dec Day 17th Year 1909 Age 45 Months 9 Days 9
Sex Male Color or Race White Birth-place Baths
Occupation Farmer

Where Residing if not
at place of death near Upper Marlboro

Married, Single or Widowed Married Name of Wife or Husband Emily Augusta

Father's Name John Crowley

Father's Birthplace Philadelphia

Mother's Maiden Name Elizabeth Riggs Crowley

Mother's Birthplace Philadelphia

Name of person giving Information John H. Tabard

How related to deceased Brother

93

✓

How long 5 days

How long 8 hours

Primary Pneumonia

CAUSES OF DEATH

Immediate Heart failure, Edema

Are the name, age, sex, color, date and place correctly given above?

Yes

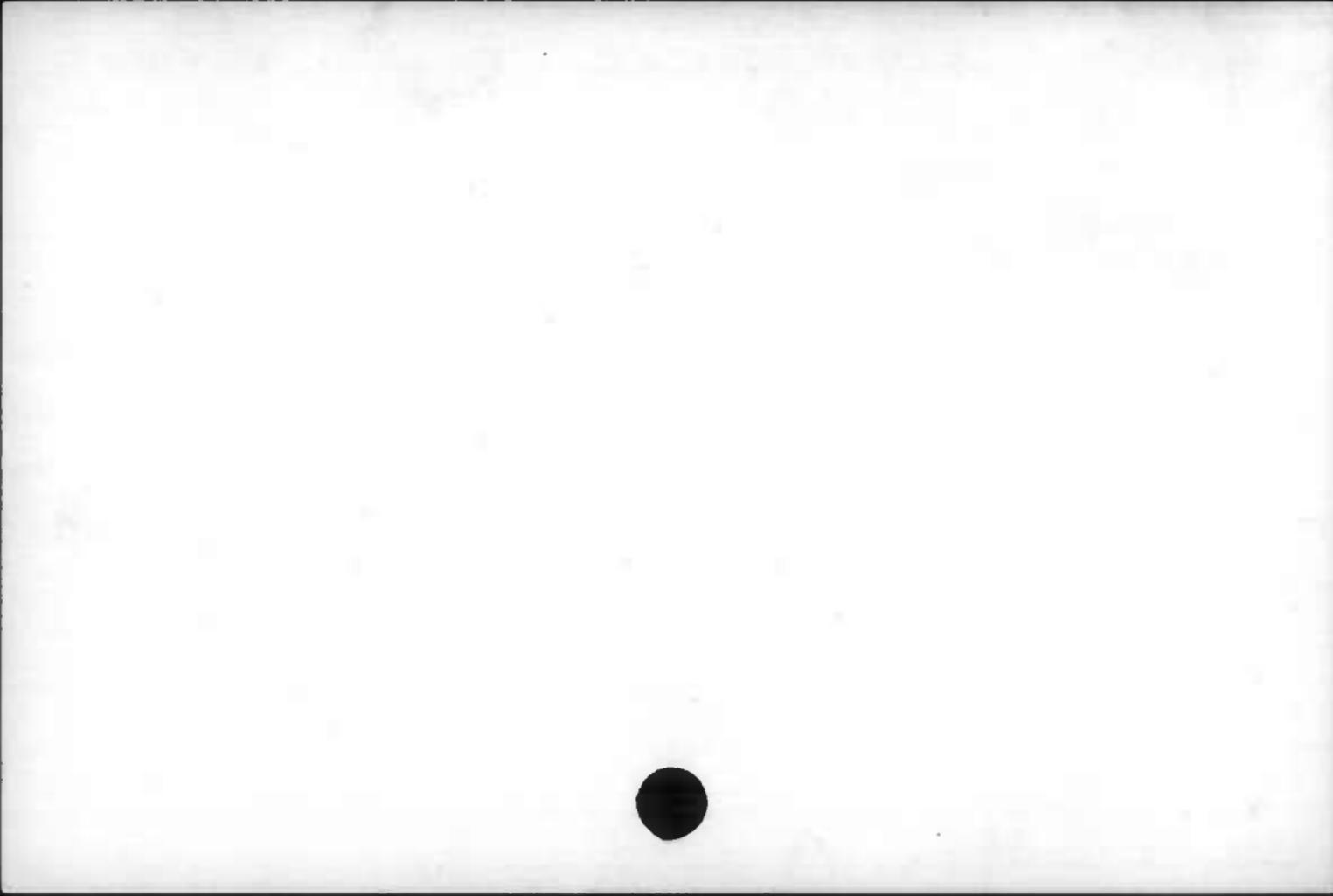
Signature of Physician

Address

Reverdy Associates
Upper Marlboro
MD

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Samuel Garage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Forestville Md

County

Date of death

1904

Month

Dec

Day

7

Years

76

Month

Days

Age

76

Sex

Male

Color or Race

Colored.

Birth-place

Unknown

Occupation

Labourer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Georgianna Garage

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Stephen Queen

How related
to deceased

None

CAUSES OF DEATH

Primary

La Grippe

10

How long

1 wk.

Immediate

General debility

How long

24 hr type

Are the name, age, sex, color, date
and place correctly given above?

yes

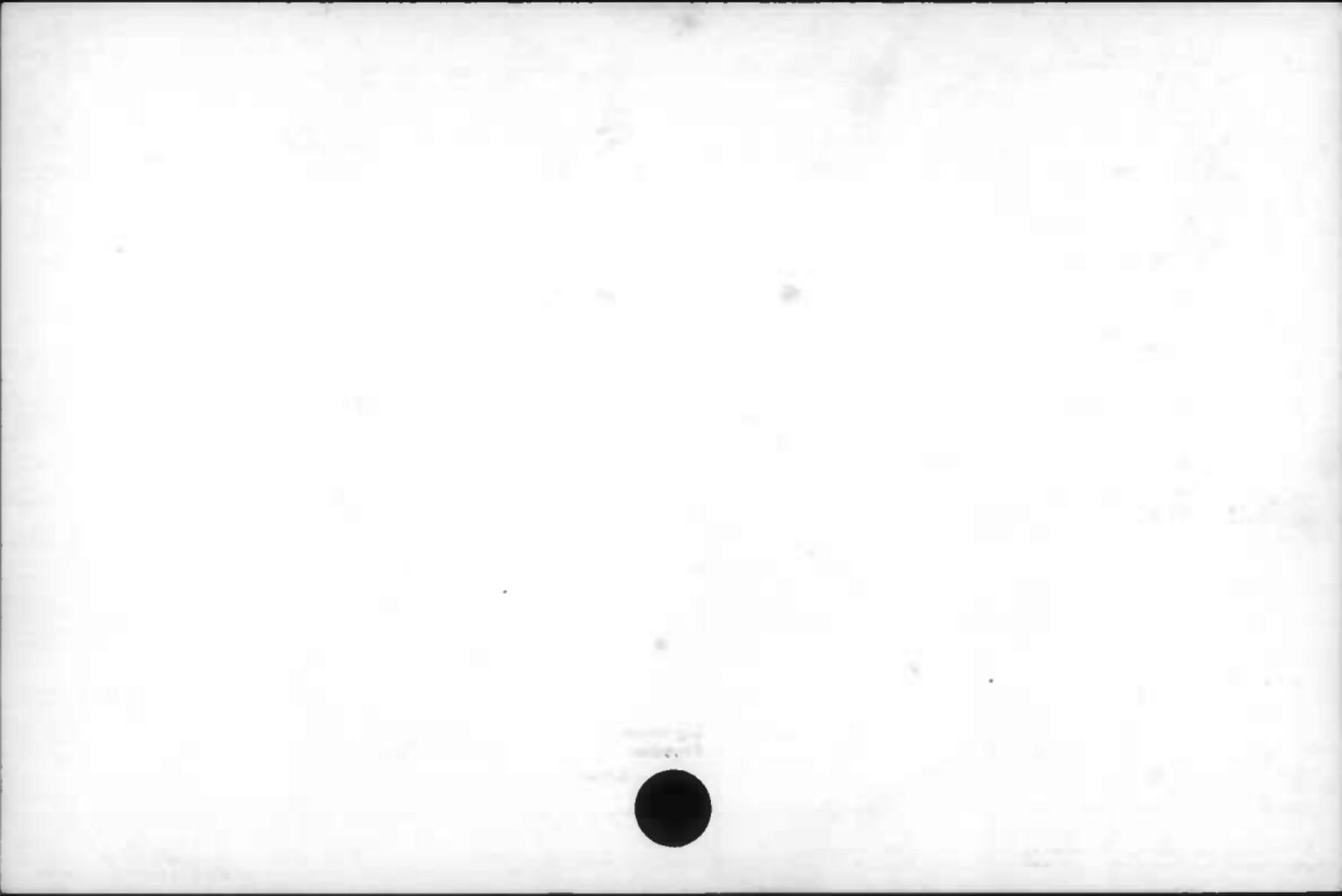
Signature of
Physician

Address

John E. Sandbury
Forestville Md

Accident or Suicide

neither



Name
in
Full

Francis Deale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Mitchellville, Town 0-15-67

County

MARYLAND

Date of death 1909 Month Dec. Day 6th Age 60 Years

Months 5 Days

Sex Male. Color or Race Colored

Birth-place Prince Georges Co. ^{md.}

Occupation None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name Edward Deale

Father's Birthplace Prince Georges Co. ^{md.}

Mother's Maiden Name Lizzie Brown

Mother's Birthplace Prince Georges Co. ^{md.}

Name of person giving Information Edward Deale

How related to deceased Father,

CAUSES OF DEATH

Primary

Acute indigestion

104

Immediate

Unknown

How long

Unknown.
unknown.

Are the name, age, sex, color, date and place correctly given above?

Yes.

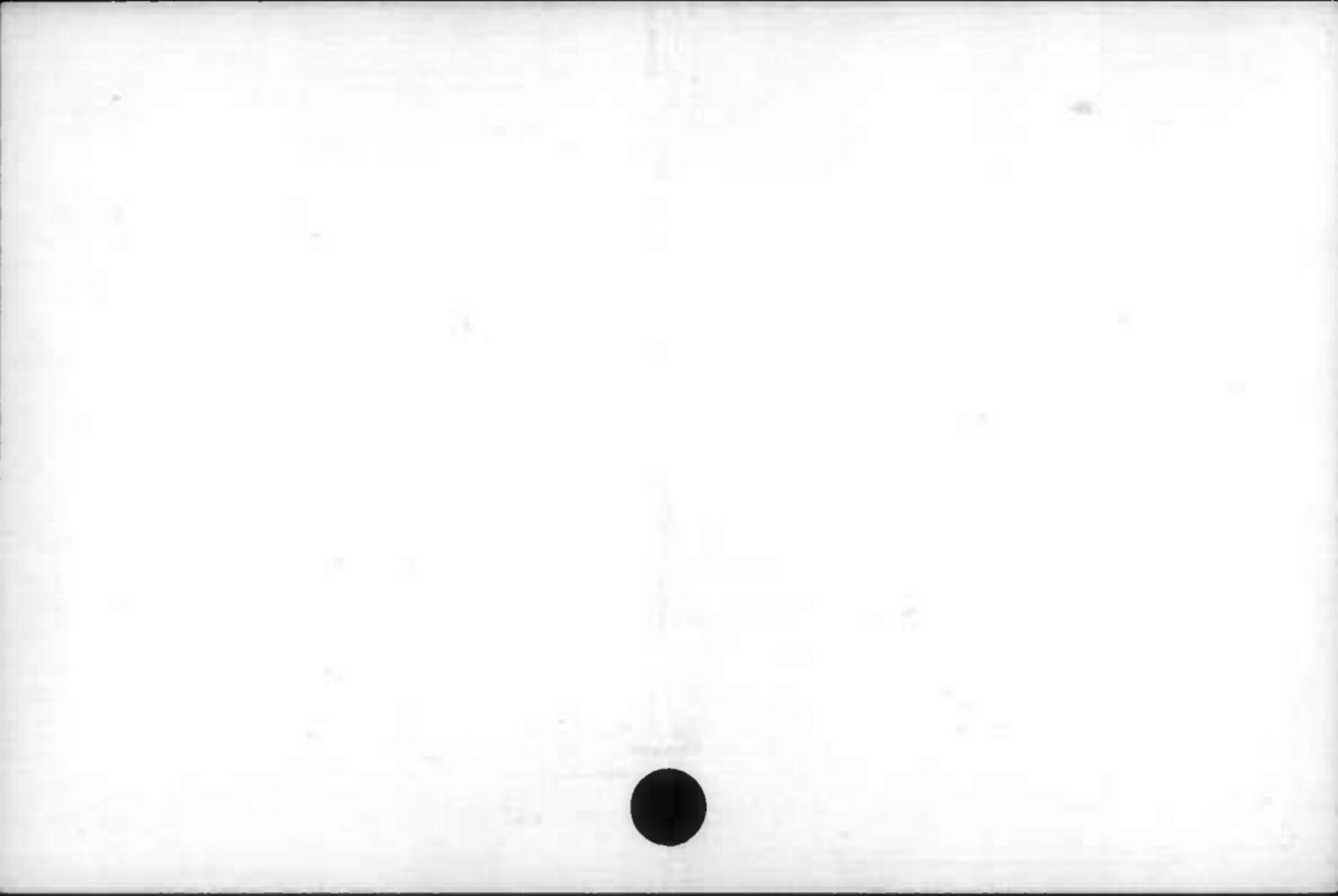
Signature of
Physician

Address

J. F. T. Dufour,
Mitchellville,

md.

Accident or Suicide



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James M Deoanigh

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	Pr	County		
Date of death	Month	Day	Years	Months	Days
Sax	Color or Race	White		Birth-place	
Occupation	Where Reading if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Cornelius Deoanigh			
Father's Name	James Deoanigh				
Mother's Maiden Name	Elizabeth Edelen				
Name of person giving Information	J W Deoanigh				

CAUSES OF DEATH

Primary

Necrosis of tibia

146

How long

2 years

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

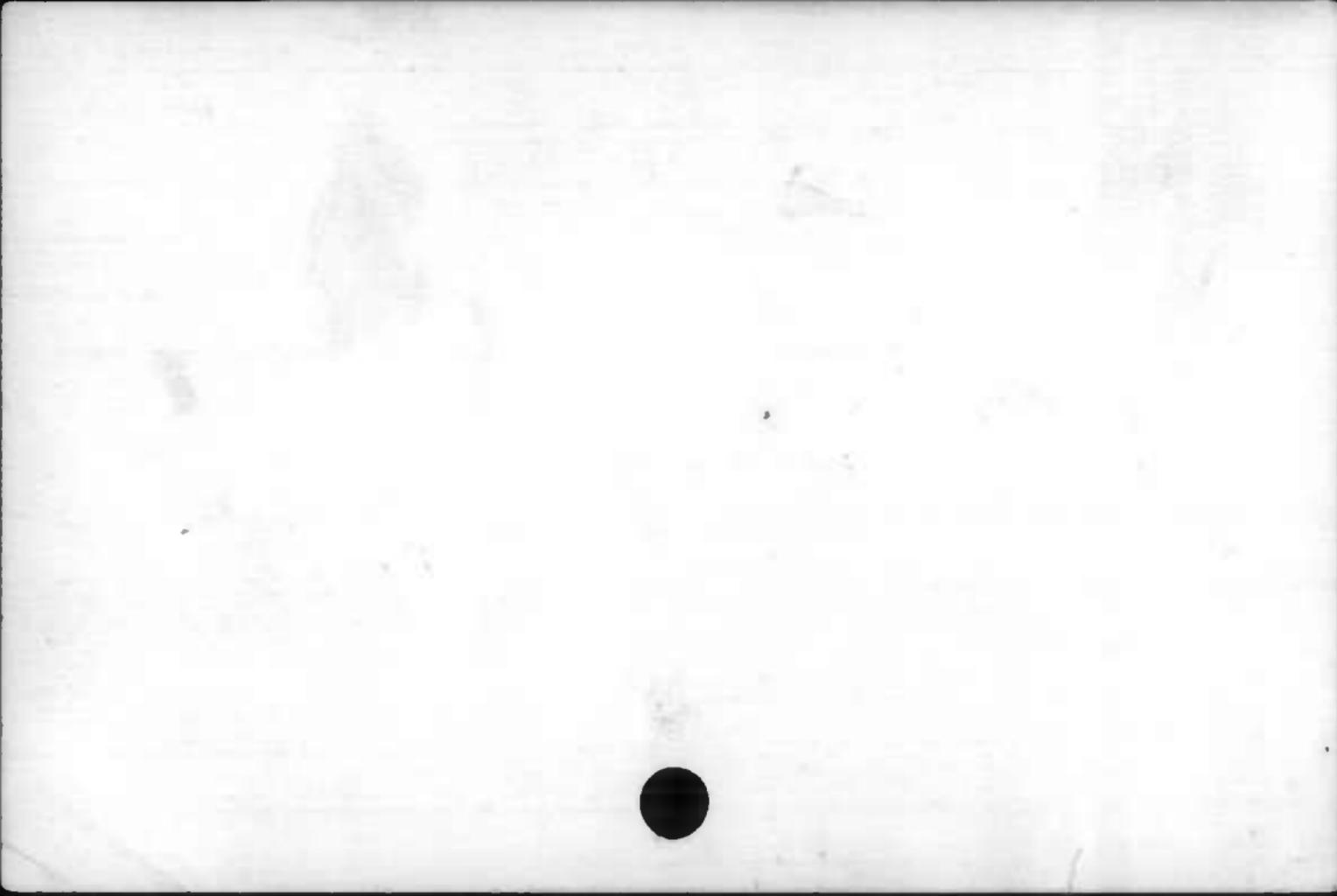
yes

Signature of Physician

Address

W H Gibbons
Croom and

Accident or Suicide



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Melvinia Fleet
Died at Camp Springs, Pr. Res.

Died at

Town

County

Date of death

1909

Month

Day

Years

Age

39

Months

MARYLAND

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Housework

Where Residing if not
at place of death

Married, Single
 Widowed

Name of Wife or
Husband

Robert Fleet

Father's
Name

Richard H. Hawkins

Father's
Birthplace

Md

Mother's
Maiden Name

Eliza Anne Gandy

Mother's
Birthplace

Md

Name of person giving
Information

Jacob S. Hawkins

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Chronic Cystitis Nephritis

How long

Indefinite

Immediate

Dropsey of Heart Failure

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

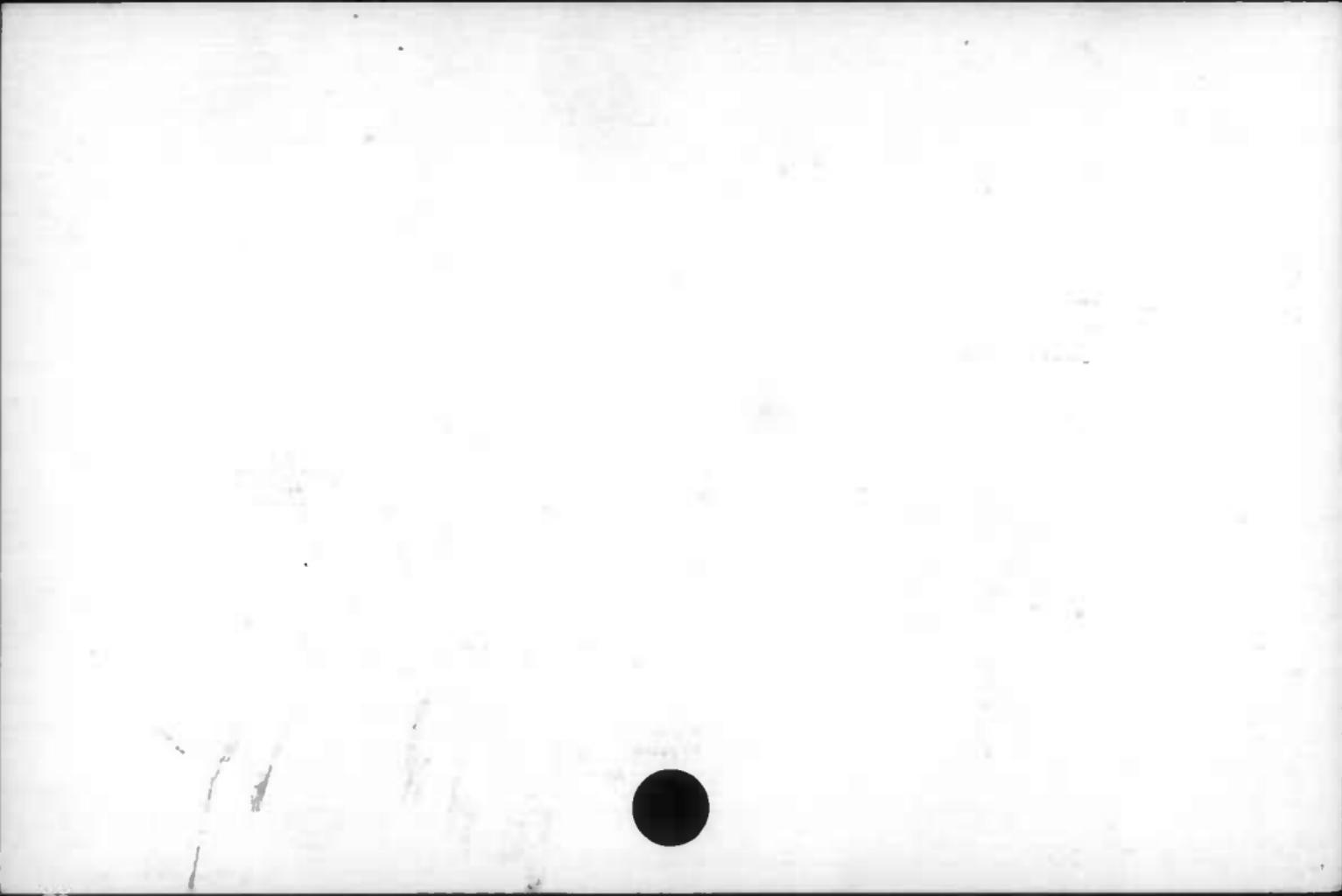
Address

E.P. Simpson, M.D.
Long Beach Rd. 5

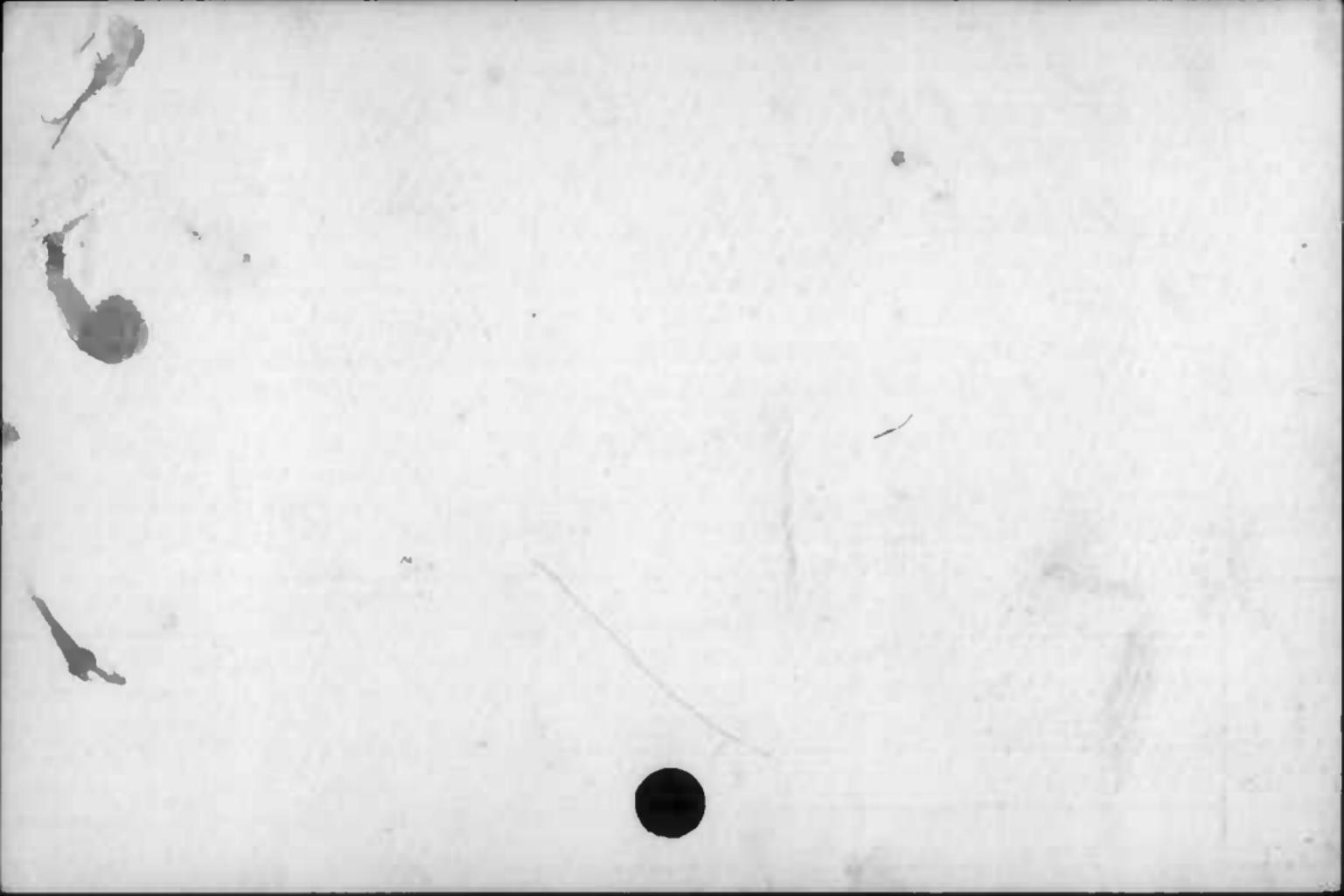
Accident or Suicide

CERTIFICATE OF DEATH

OFFICE SUPPLY CO. 2364



PHYSICIAN OR CORONER <i>J</i>	Died at <u>Minerale</u>		County <u>Ocean City</u>		MARYLAND		
	Date of death <u>1909</u>	Month <u>Dec</u>	Day <u>91</u>	Years <u>Age 79</u>			
	Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Pearl</u>		
	Occupation <u>Teacher</u>	Where Residing if not at place of death					
	<u>Married, Single or Widowed</u>	Name of Wife or Husband					
	Father's Name <u>Jean French</u>			Father's Birthplace <u>Pearl</u>			
	Mother's Maiden Name <u>Anna Schonith</u>			Mother's Birthplace			
	Name of person giving Information <u>Bethen Clarendon</u>			How related to deceased			
			CAUSES OF DEATH		120		
Primary <u>Bright's Disease</u>			How long <u>about quarter</u>				
Immediate <u>"</u>			How long <u>10 days</u>				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		<i>6 A. Fox Baltimore</i>		
<i>Yes</i>			Address				
Accident or Suicide?							

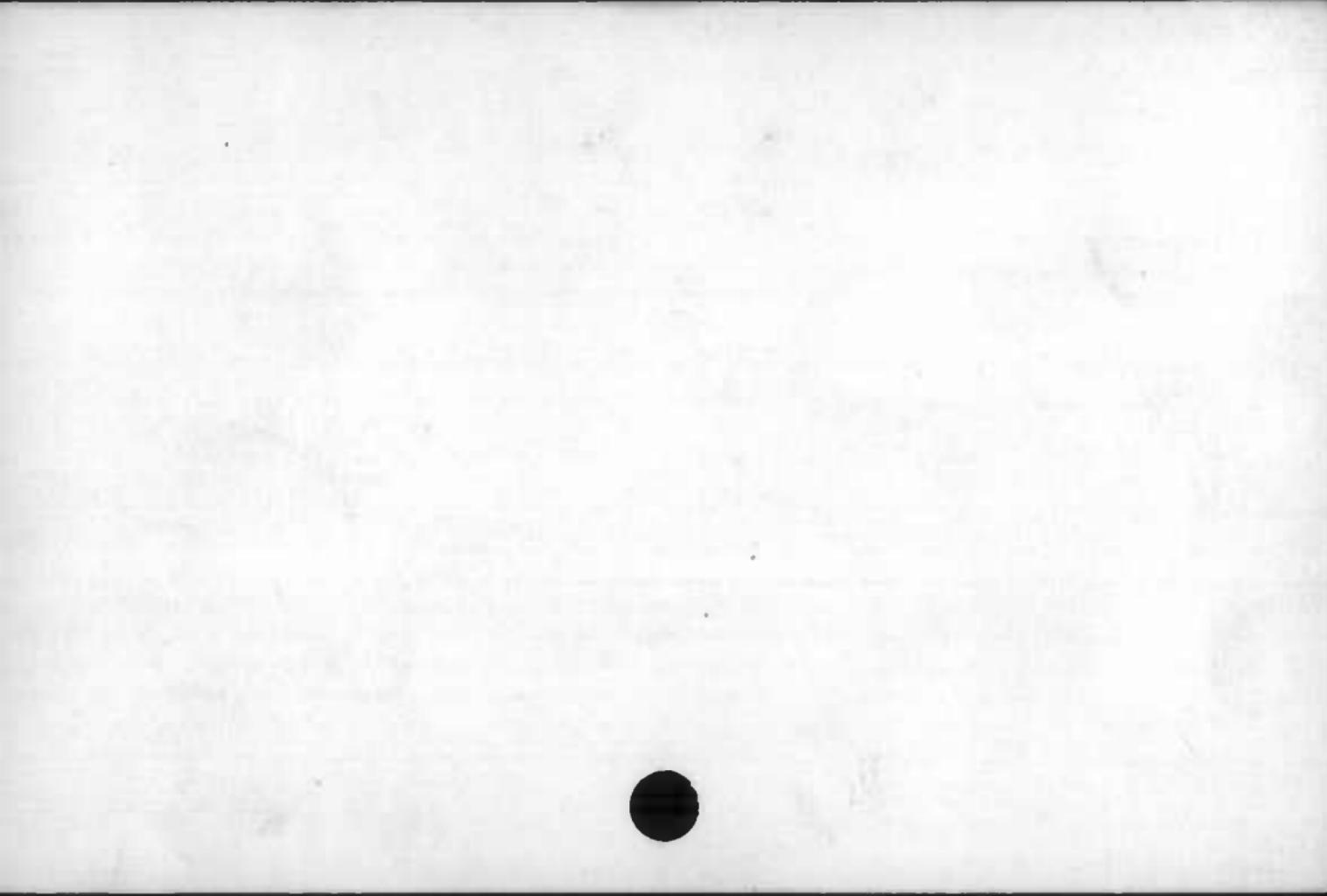


Name
in
Full

To BE ANSWERED BY
- NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH				
Died at		Town	County	MARYLAND
Date of death	1909	Month Dec	Age 10	Years Months Days
Sex	Female	Color or Race	White	Birth-place Md.
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	George Gray.			
Mother's Maiden Name	Addie Jordon.			
Name of person giving Information	George Gray.			
CAUSES OF DEATH				
Primary	Still Born.			
Immediate	8			
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long	
		Address	How long	
Accident or Suicide?	John E. Lansbury Forestville Md.			



Name
in
Full

Charles W. Green.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Leeland	Co.	Prince George's	MARYLAND				
Date of death	1909 Dec.	Month	15 th	Years	70	Months	No information	Days
Sex	Male	Color or Race	Colored	Birth-place	Maryland			
Occupation	Farm laborer		Where Residing if not at place of death	✓				
Married, Single or Widowed	Married	Name of Wife or Husband	Lottie Green					
Father's Name	Mordeca Mitchell		Father's Birthplace	No information				
Mother's Maiden Name	Gatsy Green		Mother's Birthplace	Maryland				
Name of person giving Information	Henry Williams		How related to deceased	half brother				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis (left side)

How long

9 days

Immediate Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

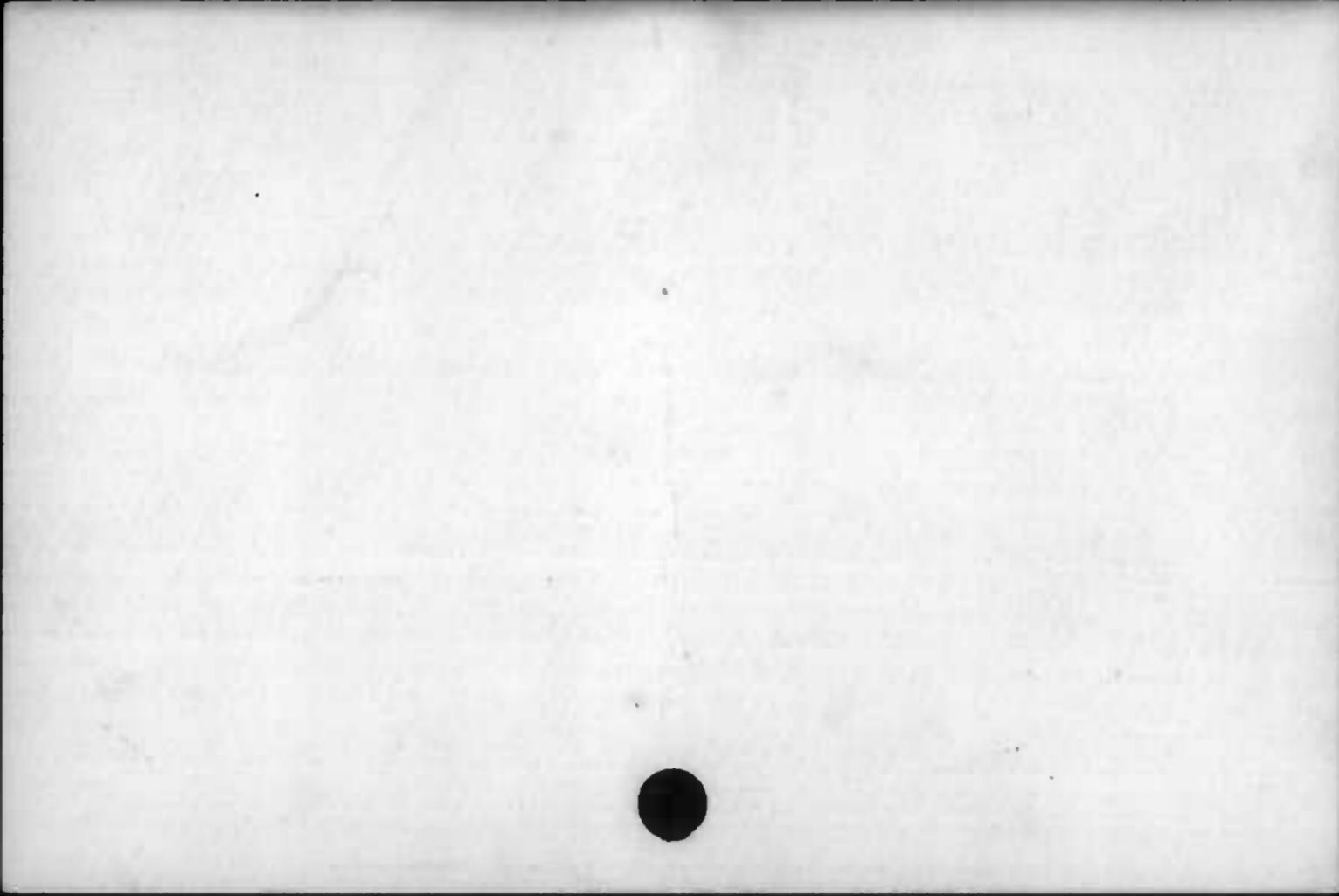
H. J. Hinkel,

Address

Hall, Md.

U

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Not named.

Town
Ayettown

Died at

Month

Day

Date
of death 1909

Dec.

Color or
Race

Sex
Male

Occupation

Boro

County

Pr. Boro.

Age
Years

Still Born

CERTIFICATE OF DEATH

MARYLAND

Months

Days

White.

Birth-
place

Ayettown

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Clyde E. Gross

Father's
Birthplace

Warren Pa.

Mother's
Maiden Name

Alen Crosby

Mother's
Birthplace

" "

Name of person giving
Information

Father V. C. E. Gross

How related
to deceased

Father

CAUSES OF DEATH

Primary

Prasuram Cord.

8

How long

Few hours.

Immediate

" " "

How long

" " "

Are the name, age, sex, color, date
and place correctly given above?

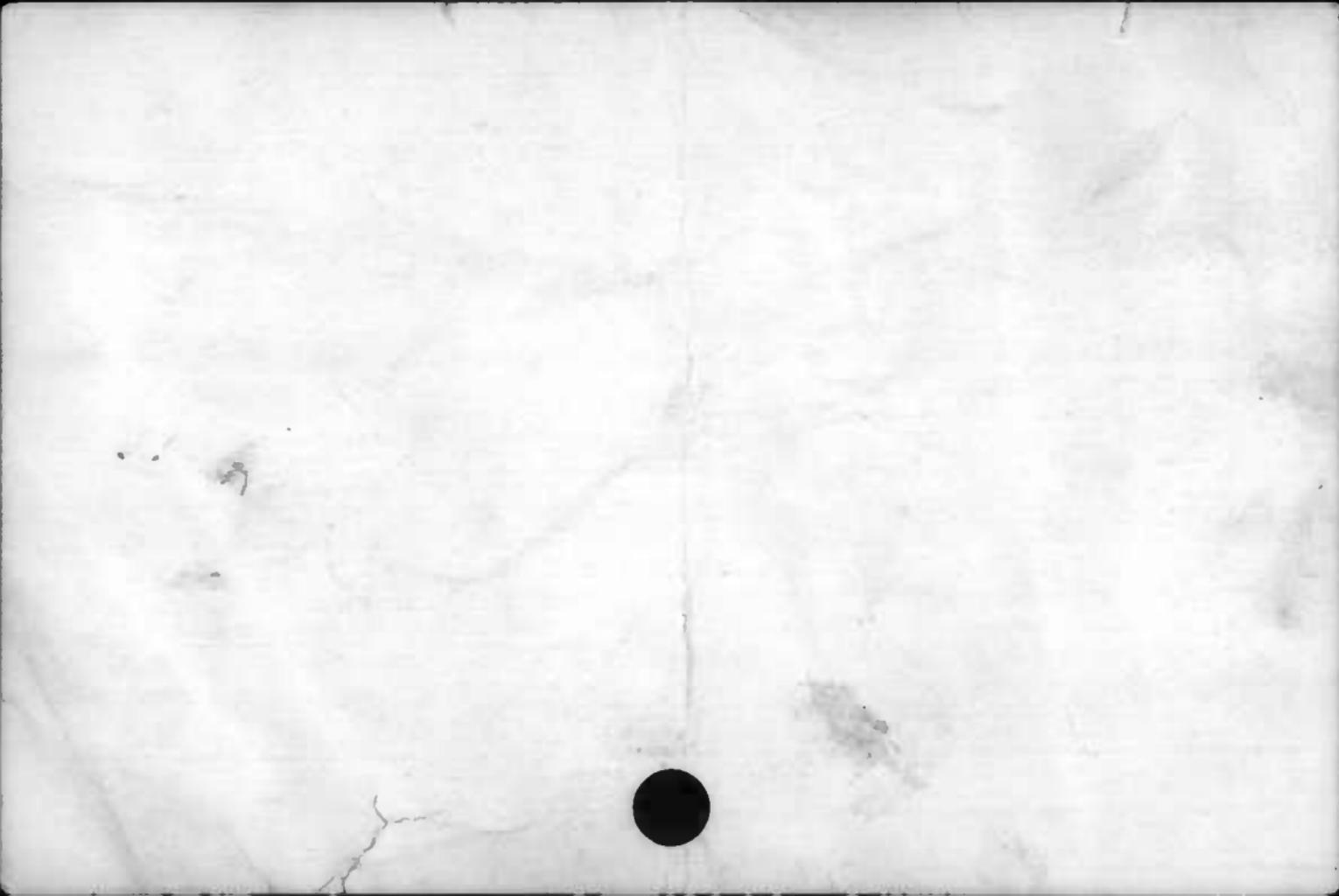
Yes

Signature of
Physician

Address

R. A. Bennett M.D.
Rivindale Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary A Halleaud

CERTIFICATE OF DEATH

MARYLAND

Died at		own		County			
Date of death	1909	Month	Dec	Day	19	Age	19
Sex	Female	Color or Race	Colored				Birth-place
Occupation	Housewife				Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Robert Halleaud				Father's Birthplace		md
Mother's Maiden Name	Mary Johnson				Mother's Birthplace		2nd Father
Name of person giving Information	Rupert Halleaud				How related to deceased		

CAUSES OF DEATH

27

How long

3 months

How long

3 weeks

Primary

Pulmonary Tuberculosis

Immediate

Asphyxia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. H. Gibbons
6 room md

Accident or Suicide



Name
in
Full

Mary E. Hammond.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Days

Died at
Laurel

Town

County

R. Gro

Date
of death 1909 Dec 13

Month

Day

Years

Months

Age 56

Days

8.

Sex Female

Color or
Race

White

Birth-
place

Mar

Occupation

House Wife

Where Residing If not
at place of death

Laurel

Married, Single
or Widowed

Yes

Name of Wife or
Husband

John Hammond

Father's
Birthplace

Ind

Father's
Name Barton S. Sopen

Mother's
Birthplace

Ind

Mother's
Maiden Name

Marlow

How related
to deceased

Son

Name of person giving
Information

Asg. Hammond.

CAUSES OF DEATH

93

How long

2 weeks.

How long

Primary

Tobacco Pneumonia

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes
No

Signature of
Physician

Address

D. R. O. Abby
Laurel
del

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Hastings

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Black	Birth-place	Md	
Occupation	Labour					Where Residing if not at place of death
Married, Single or Widowed						Name of Wife or Husband
Father's Name	Mr. Hawkins					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information	Pam, Helen					How related to deceased No relation

CAUSES OF DEATH

154

How long

9 yrs?

How long

Primary

Old age

Immediate

Exhaustive

Are the name, age, sex, color, date and place correctly given above?

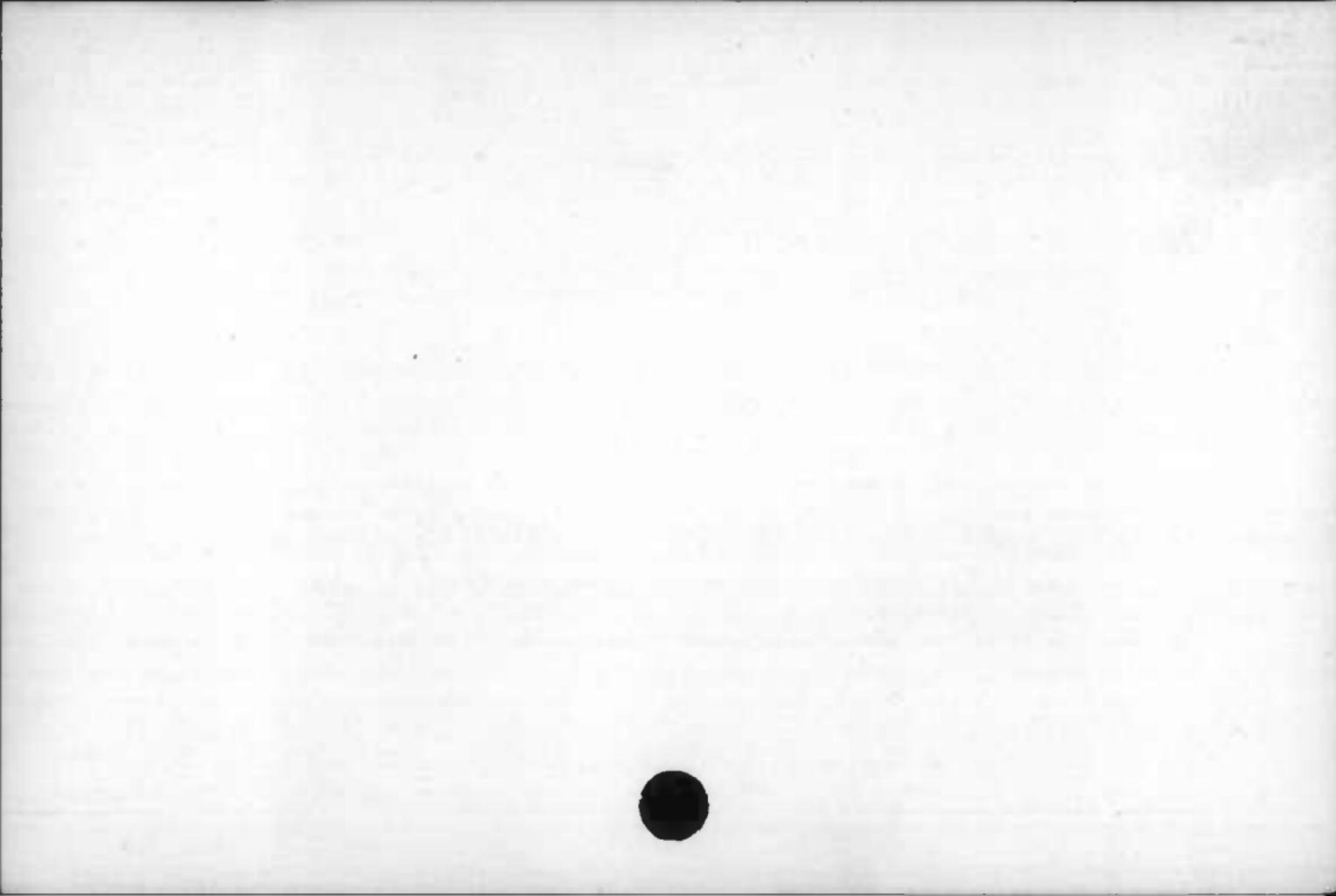
Yes

Signature of Physician

Address

J. L. Weandys
Clinton

Accident or Suicide?



Name

Full
NameTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Malinda Hawks

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Beltsville

Months

Days

Date of death 1909 Dec 3

Years

5

Age

Sex female

Color or Race

Birth-place

Md

Occupation None

Color

Where Residing if not
at place of deathMarried, Single
or Widowed

Name of Wife or Husband

Father's Name

Bernard Hawks

Father's Birthplace

Mother's Maiden Name

Rosetta Thomas

Mother's Birthplace

Name of person giving
Information

Rosetta Thomas

How related
to deceased

Md

Md

Myther

CAUSES OF DEATH

Primary

Burnt to death

167

How long

Immediate

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Augustus H. Dahler

Acting Coroner

Bladensburg Md

Yes

Accident

Mr. J. A.

Mr. J. A. Jr.

Sir, Mr.

Name
in
Full

Mary Elizabeth Hebron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Harrison Month Dec Day 17 County Prince George
Date of death 1909 Month Dec Day 17 Year 21 Months 7 Days 3
Sex Female Color or Race Colored Birth-place Prince George
Occupation House Girl Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband
Father's Name John Hebron Father's Birthplace Prince George
Mother's Maiden Name Emily Carroll Mother's Birthplace Prince George
Name of person giving Information Elavance Hebron How related to deceased Brother

CAUSES OF DEATH

Primary Chronic Interstitial Pneumonia
Immediate Cardiac Weakness

99

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

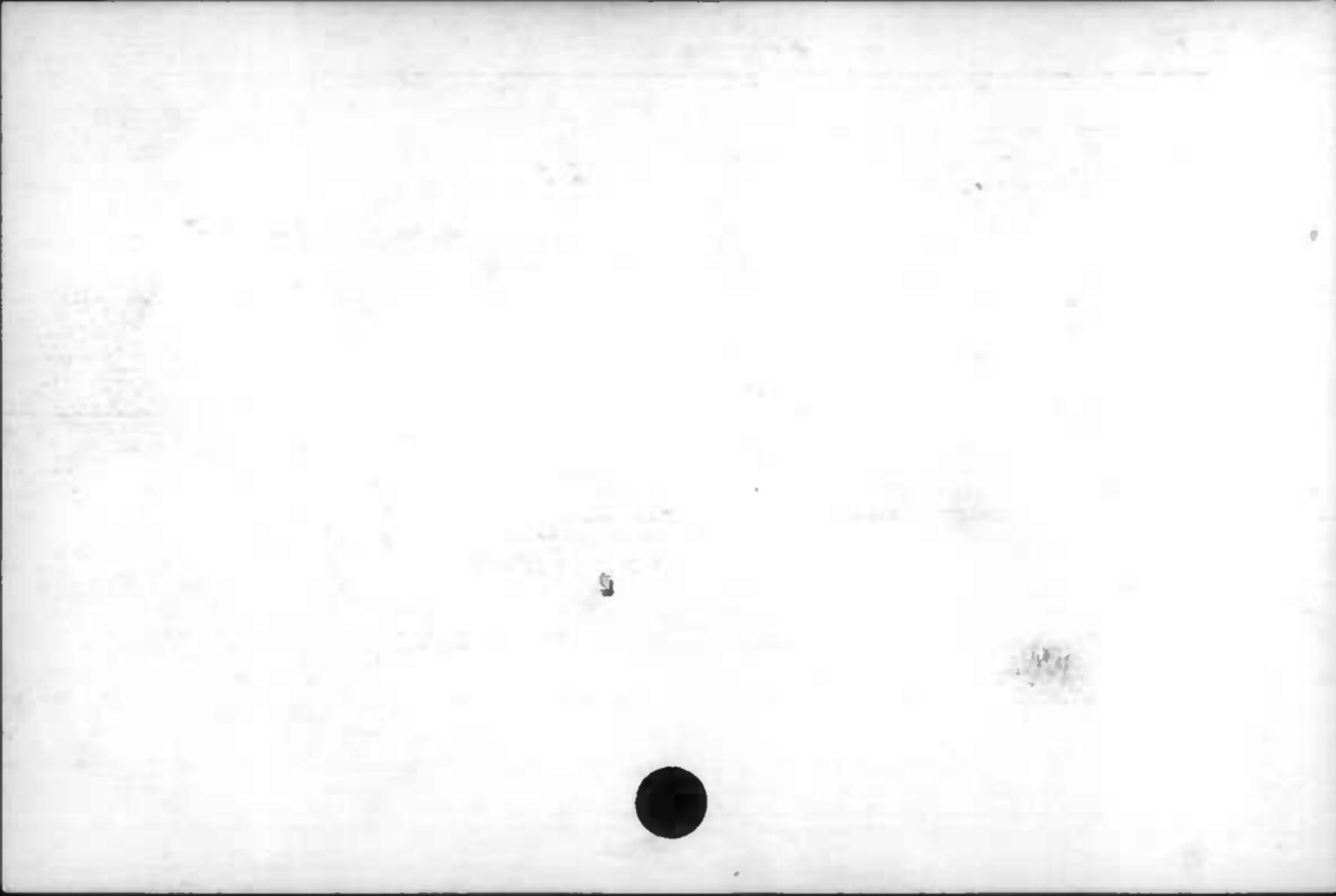
Address

MacLean Cawood, M.D.
West River M.D.

Accident or Suicide

PHYSICIAN
OR CORONER

6



Name
in
Full

William J Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Month
Sex	Color or Race	Age	19	Days
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	None		
Father's Name	Henry Henson			
Mother's Maiden Name	Mary Hall			
Name of person giving Information	Henry Henson			

CAUSES OF DEATH

Primary

Typhoid fever

①

How long

10 days

Immediate

Pneumonia

How long

2 "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. H. Gibbons
Broom and

PHYSICIAN
OR CORONER

Accident or Suicide



Letitia Hiel

CERTIFICATE OF DEATH

Died at <u>Lakeland</u>		Town <u>Ps. George</u> County <u>Maryland</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>Dec</u>	Day <u>6</u>	Years <u>38</u>	Months <u>4</u>	Days <u>22</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Montgomery Co Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Andrew Hiel</u>					
Father's Name <u>David Daniel Taus</u>				Father's Birthplace <u>Mississippi</u>		
Mother's Maiden Name <u>Elizabeth a. Hott</u>				Mother's Birthplace <u>Ps. Geo. Co Md</u>		
Name of person giving information <u>Andrew Hiel</u>				How related to deceased <u>Husband</u>		

CAUSES OF DEATH

138

How long

4 hours

How long

Primary

Puerperal Eclampsia

Immediate

Coma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. J. Etienne

Address

Reservoir Md

Accident or Suicide?

Name
in
Full

Bertha Louise Hunter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Capitol Heights

Town

County

MARYLAND

Date of death 1909 Dec. 14

Month

Day

Year

Months

Days

Age — 6

Sex female

Color or
Race

white

Birth-
place

West Virginia

Occupation

infant

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

E. C. Hunter

Father's
Birthplace

W.C.

Mother's
Maiden Name

Barbara Holmes -

Mother's
Birthplace

Name of person giving
Information

E. C. Hunter

How related
to deceased

Wid
Father

CAUSES OF DEATH

Primary

pneumonia

93

How long

7 days

Immediate

syncope
yes

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. M. Brady
Kenilworth
W.S.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Susant Hutchinson
P. G. County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ritchie

Date of death 1909 Month 12

Day 31 Age

Months

Days

MARYLAND

Sex Male

Color or Race

White

Birthplace

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Edward M Hutchinson

Father's Birthplace

Mother's
Maiden Name

Effie V Simpson

Mother's Birthplace

Name of person giving
Information

Edward M Hutchinson

How related
to deceased

Primary

CAUSES OF DEATH

151

General weakness

How long

Immediate

& debility

Failure

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

neither

White Sausbury H.C.
Forestville
Md

PHYSICIAN
OR CORONER



E. Littleford

Topsville

Name
in
Full

Andrew Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Lawell

Prin. Geo.

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909

Sec. 21.

Age 84

11 24

Sex

Color or
Race

White

Birth-
place

Italy

Occupation

nothing

Where Residing if not
at place of death

at Lawell

Married, Single
or Widower

Name of Wife or
Husband

Widower Catherine

Father's
Birthplace

Italy

Father's
Name

Frances

Mother's
Birthplace

Italy

Mother's
Maiden Name

Josephine

How related
to deceased

grand-daughter

Names of person giving
Information

Margaret C. Ridgeway

Primary

CAUSES OF DEATH

64

✓

How long

24 hrs

How long

Immediate

John Ridgeway
Lawell

Are the name, age, sex, color, date
and place correctly given above?

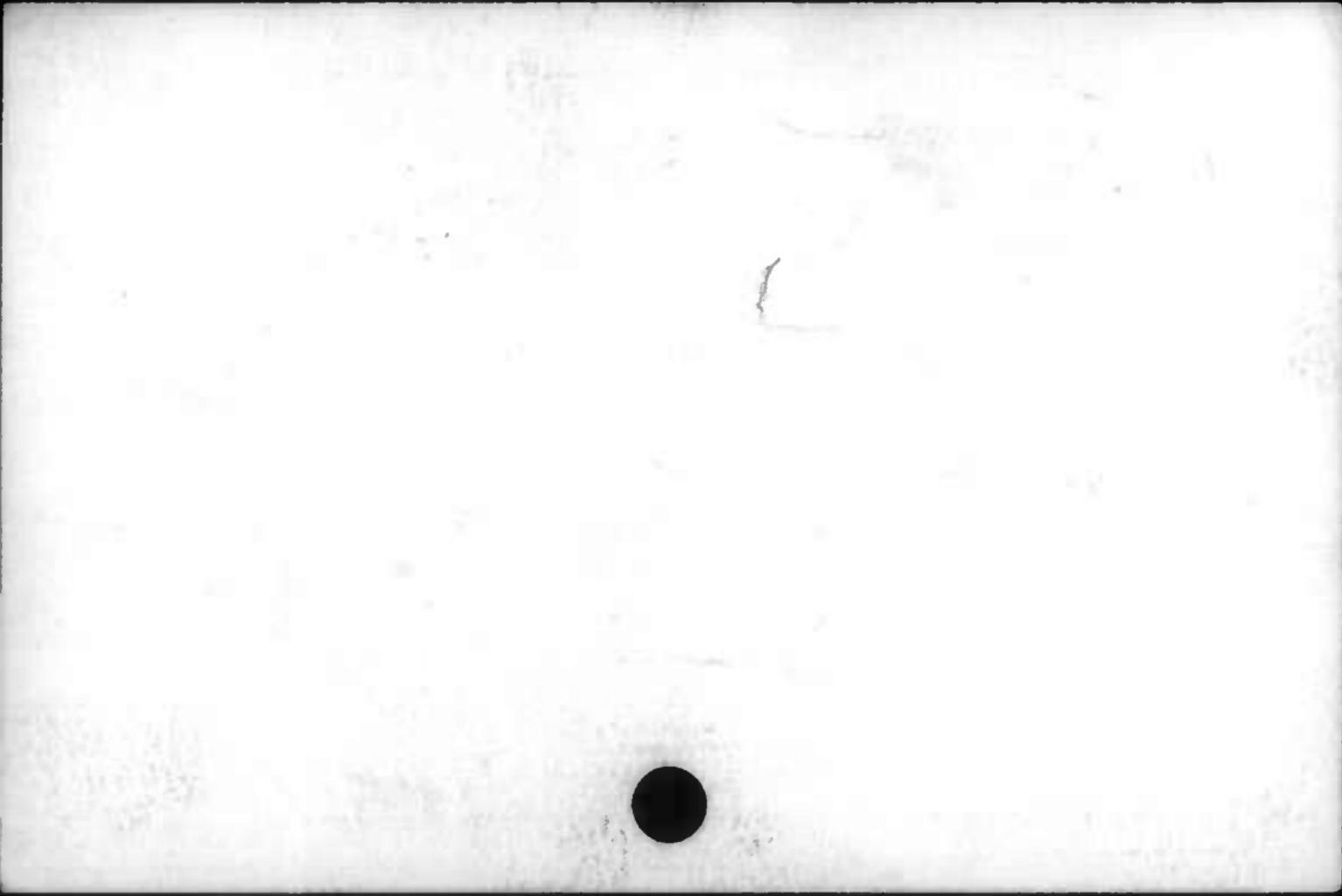
Signature of
Physician

Address

no

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Cora James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Hyattsville		Pr Seolo				
Date of death	1909	Month Dec	Day 23	Age	Montha 5	Days 20
Sex	female	Color or Race	Colored		Birth-place	Hyattsville Md
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Jno. James				Father's Birthplace ChesaCo	
Mother's Maiden Name	Martha Barton				Mother's Birthplace Pr Seolo	
Name of person giving Information	Geo Barton				How related to deceased Grandfather	

CAUSES OF DEATH

Primary

Bronch - Pneumonia

92

How long

Immediate

1 wk

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

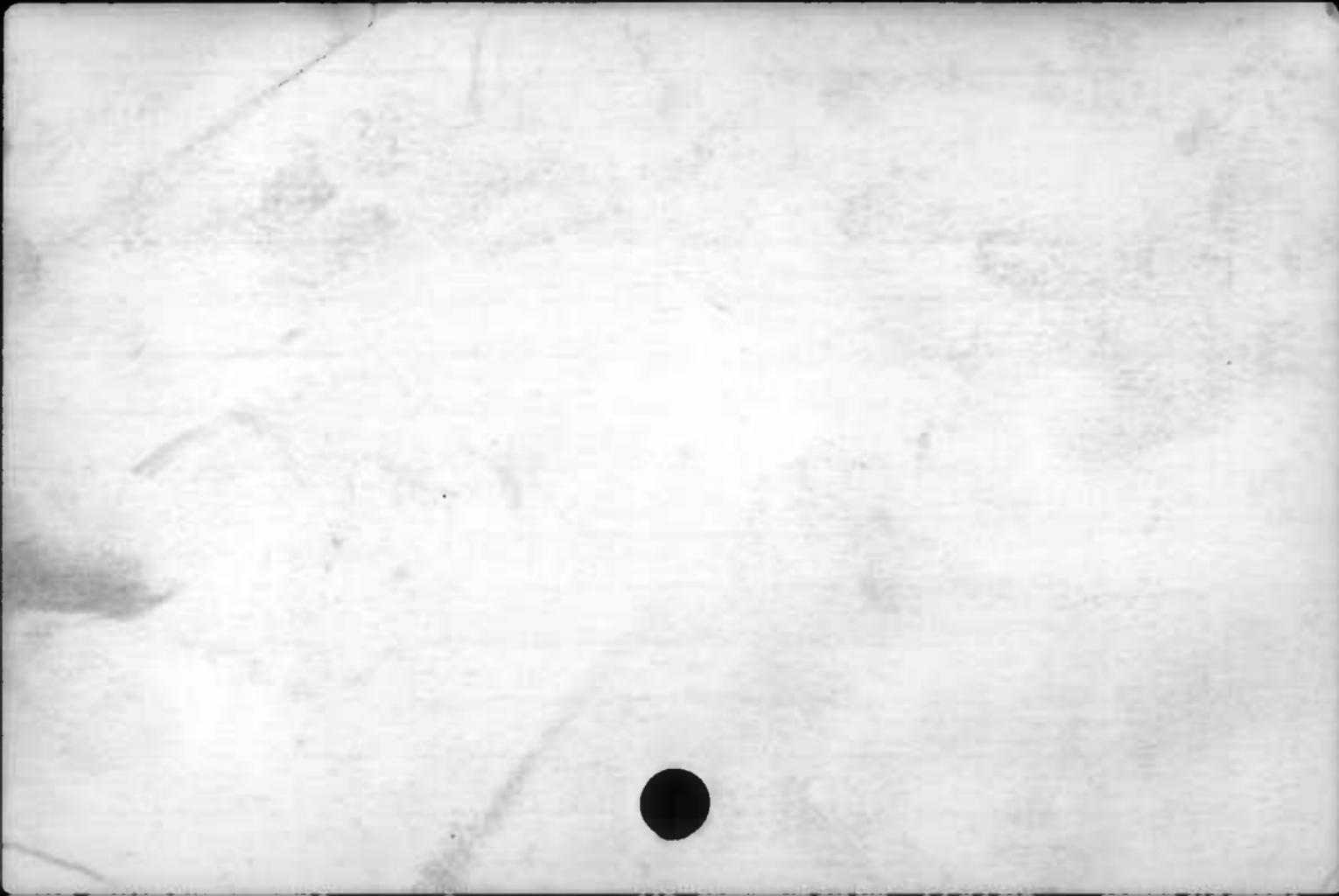
Yes

Geo. W. Bremen Md
Hyattsville
Md

I

Accident or Suicide

Neither



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry Johnson
Towson
Died at Frostville

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Month 11 Day 20 Age 79 Years - Months - Days -
Sex male Color or Race Black Birthplace Md

Occupation None

Where Residing if not
at place of death

Married, Single
or Widowed married

Name of Wife or
Husband Emily Johnson

Father's
Name unknown

Father's
Birthplace unknown

Mother's
Maiden Name unknown

Mother's
Birthplace unknown

Name of person giving
Information Edward Cooke

How related
to deceased son

79

How long

2 yrs

Primary

Vascular Disease of the
heart. old age

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

neither.

John E. Esquibup
Frostville
Md



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George J. Klotz
Town: Forestville
County: Prince George's Co.

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death Month Day Years Months Days

1909

Dec

27

59

Months

Days

Died at

Month

Day

Years

Age

Sex

Color or
Race

Occupation

White

Birth-
place

Male

Illinois

Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Widower

Martha C. Klotz

Father's
Name

Frederick Klotz

Father's
Birthplace

Germany.

Mother's
Maiden Name

Margret C. Klotz

Mother's
Birthplace

Als. S. Stock.

Name of person giving
Information

George J. Klotz

How related
to deceased

CAUSES OF DEATH

Primary

Valvular Heart Disease Some time

79

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John E. Sausberg,
Forestville, Md.

Accident or Suicide



Name
in
Full

Milan Benjamin Koos

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Oakmont Town Prussia County MARYLAND
Date of death 1909 Month Dec Day 23 Age — Years — Month 1 Days 8

Sex male Color or Race white Birthplace —

Occupation infant

Where Residing if not
at place of death —

Married, Single
or Widowed —

Name of Wife or
Husband —

Father's
Name Walter E Koos

Father's
Birthplace Ad.

Mother's
Maiden Name Margaret Ionl

Mother's
Birthplace Ad.

Name of person giving
Information Margaret Koos

How related
to deceased mother

CAUSES OF DEATH

Primary endocarditis

78

How long two 8 days

Immediate syncope

How long 1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

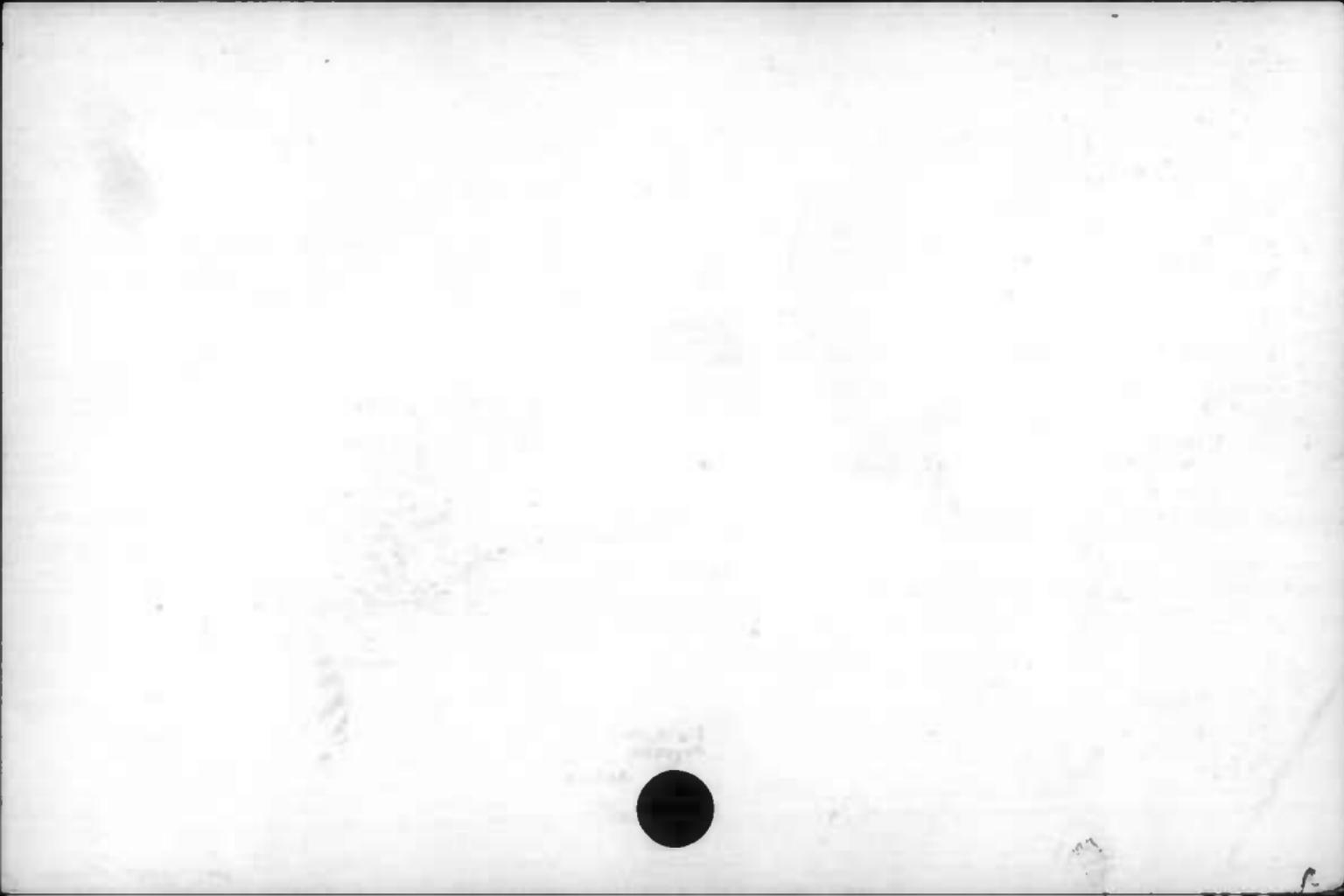
Signature of
Physician

Address

J M Brady
Residence
Ad. C.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

No Name Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town
Died at Merriweatherville
Month Dee Day 27
Date of death 1909
Sex female
Occupation _____
Color or Race Colored
Where Residing if not at place of death
Married, Single or Widowed _____
Name of Wife or Husband _____
Father's Name John J Lewis
Mother's Maiden Name Ella Barton
Name of person giving Information John J Lewis
Father's Birthplace Md
Mother's Birthplace Md
How related to deceased Father
How long

CAUSES OF DEATH

Primary

Still born

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Augustus H. Dahler, J.P.
Acting Coroner
Bladensburg, Md.

Accident or Suicide

MARYLAND

Day



Name
in
Full

Wm G. Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	
Died at		Meadows	D. G.	
Date of death	1909	Month	1	Day
Age	29	Years	1 Months	
Sex	Male	Color or Race	Days	
Occupation	Laborer	Where Residing if not at place of death	St Mary's Co	
Married, Single or Widowed	Married	Name of Wife or Husband	Maggie Marshall	
Father's Name	Wm Marshall	Father's Birthplace	Ches Co. Md	
Mother's Maiden Name	Stewart	Mother's Birthplace	St Mary's	
Name of person giving Information	Wm Marshall	How related to deceased	Daiper	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

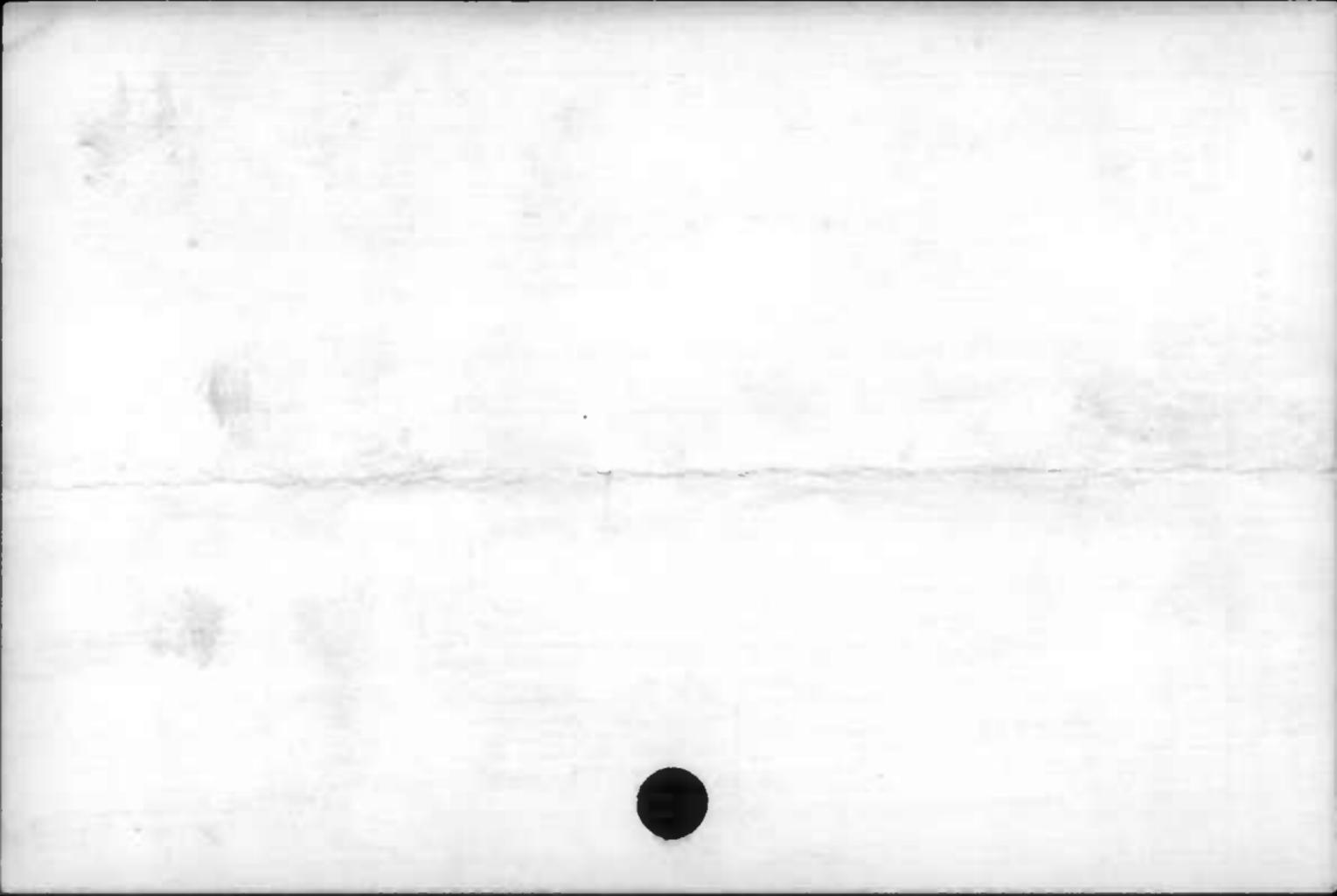
Address

He Griffith

Upper Maylboro.

Accident or Suicide

I saw this man Nov 30th - first time



Name
in
Full

James H. E. Mitchell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County		
Date of death	Month	Day	Age	Years
Sex	Color or Race	Montha Days		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Birth-place		
Father's Name	Moedecai Mitchell	Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth Mullipis	Mother'a Birthplace	Md	
Name of person giving Information	Mary H. Mitchell	How related to deceased	wife	

CAUSES OF DEATH

27

How long

18 month

How long

24 hrs

PHYSICIAN
OR CORONER

Primary

Tuberculosis. Emphysema

Immediate

Syncope

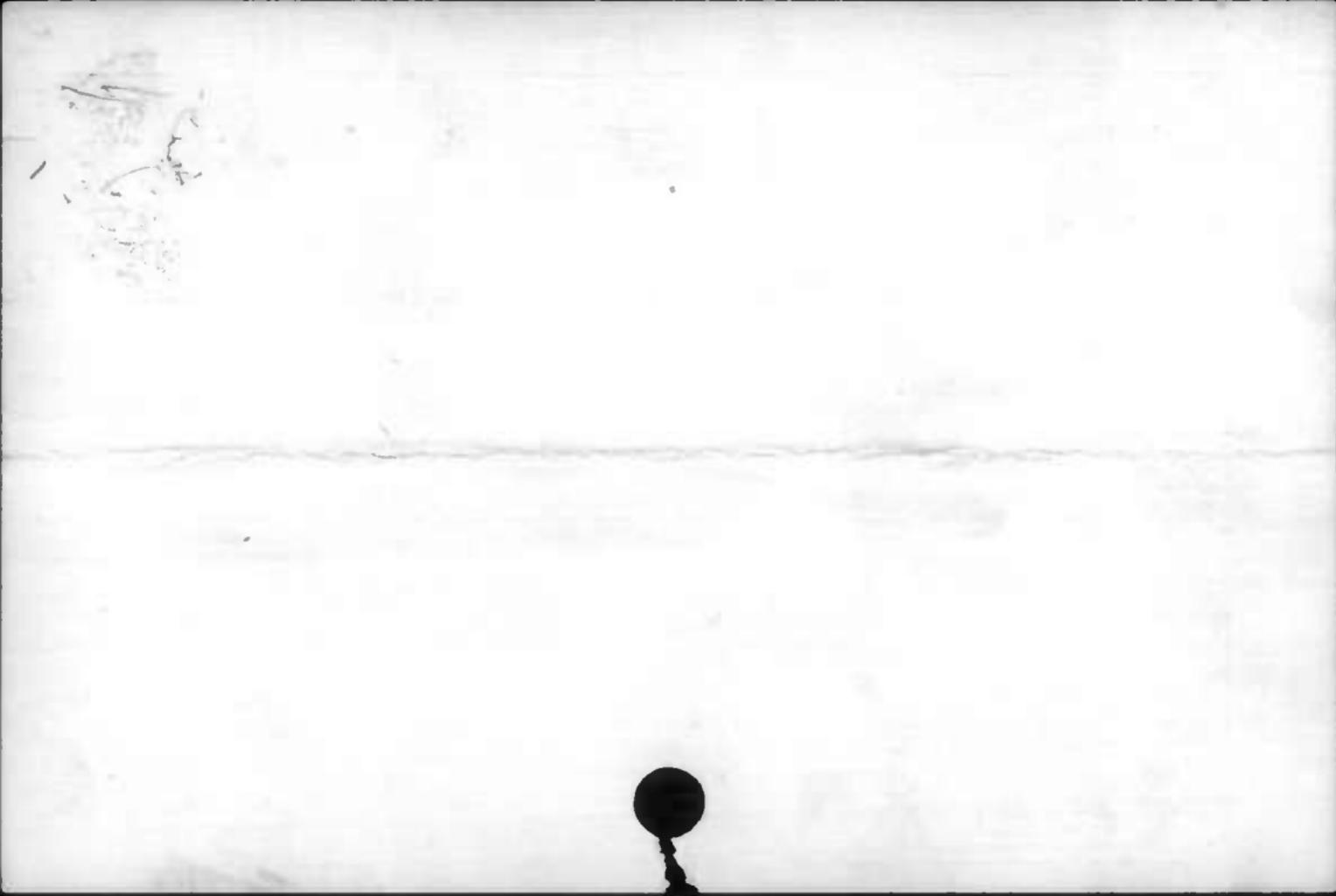
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Reverdy Saasce
Upper Marlboro
Md



Name
in
Full

Elizabeth Myrtle Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

S.B.

Town

County

MARYLAND

Date
of death

1909

Month

12

Day

16

Years

Age

Months

2~~11~~

Days

3

Sax

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Philip Morris Proctor

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Newman

Mother's
Birthplace

Md

Name of person giving
Information

Philip M. Proctor

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gastritis

104

How long

5 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

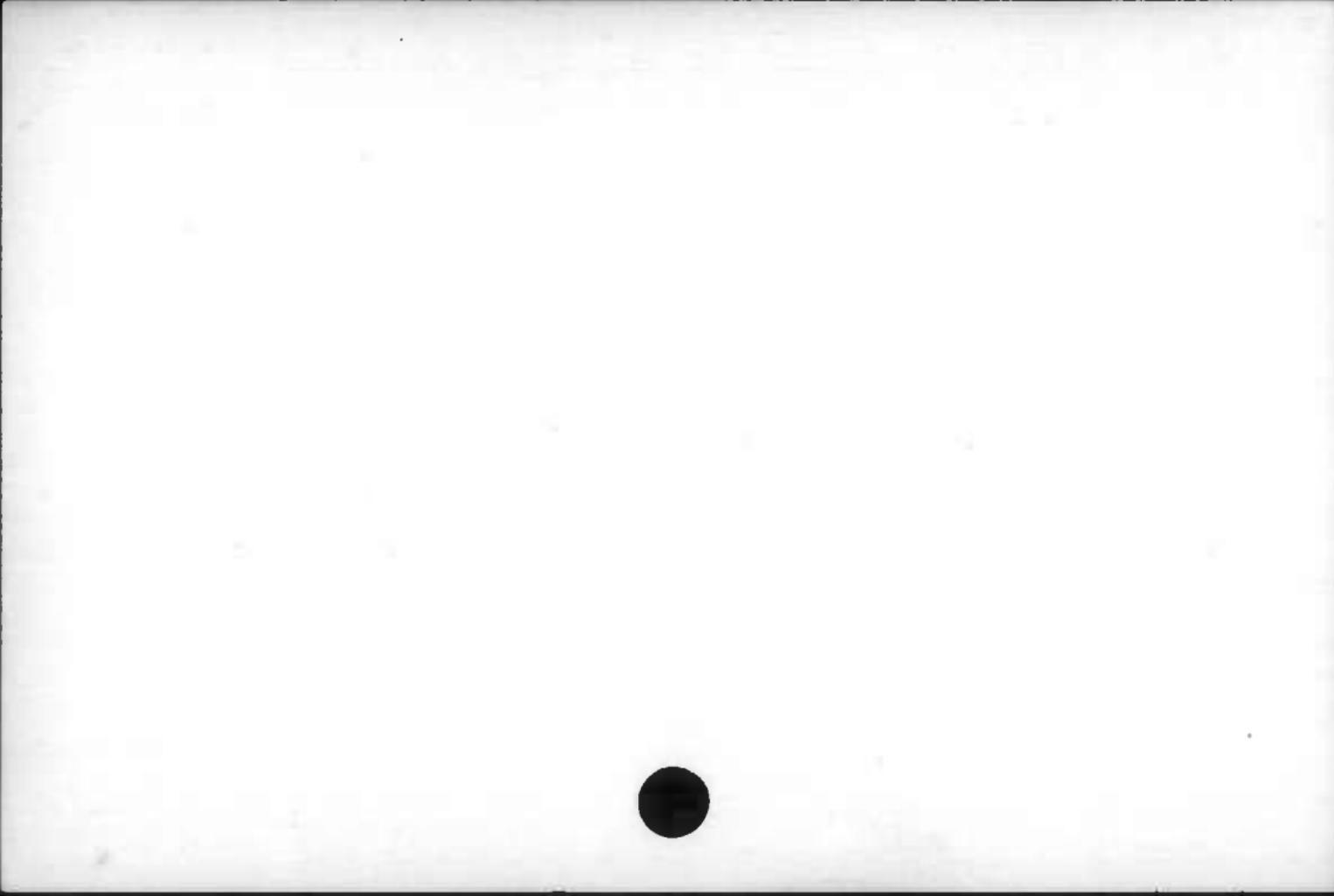
Address

John A. Cox

S.B.

Accident or Suicide

ma



Name
in
Full

Wm Langa Proctor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Ordnerville	Down	Dr. Giv	County	MARYLAND	
Date of death	Month	1909	12	29	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Md		
Occupation	Laborer		Where Residing if not at place of death	Washington D.C.			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Wm Proctor		Father's Birthplace	Md			
Mother's Maiden Name	Louisa Johnson		Mother's Birthplace	Va			
Name of person giving Information	Silvester Proctor		How related to deceased	Cousin			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary
Pulmonary Tuberculosis

How long

1 year

Immediate
Exhaustion

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

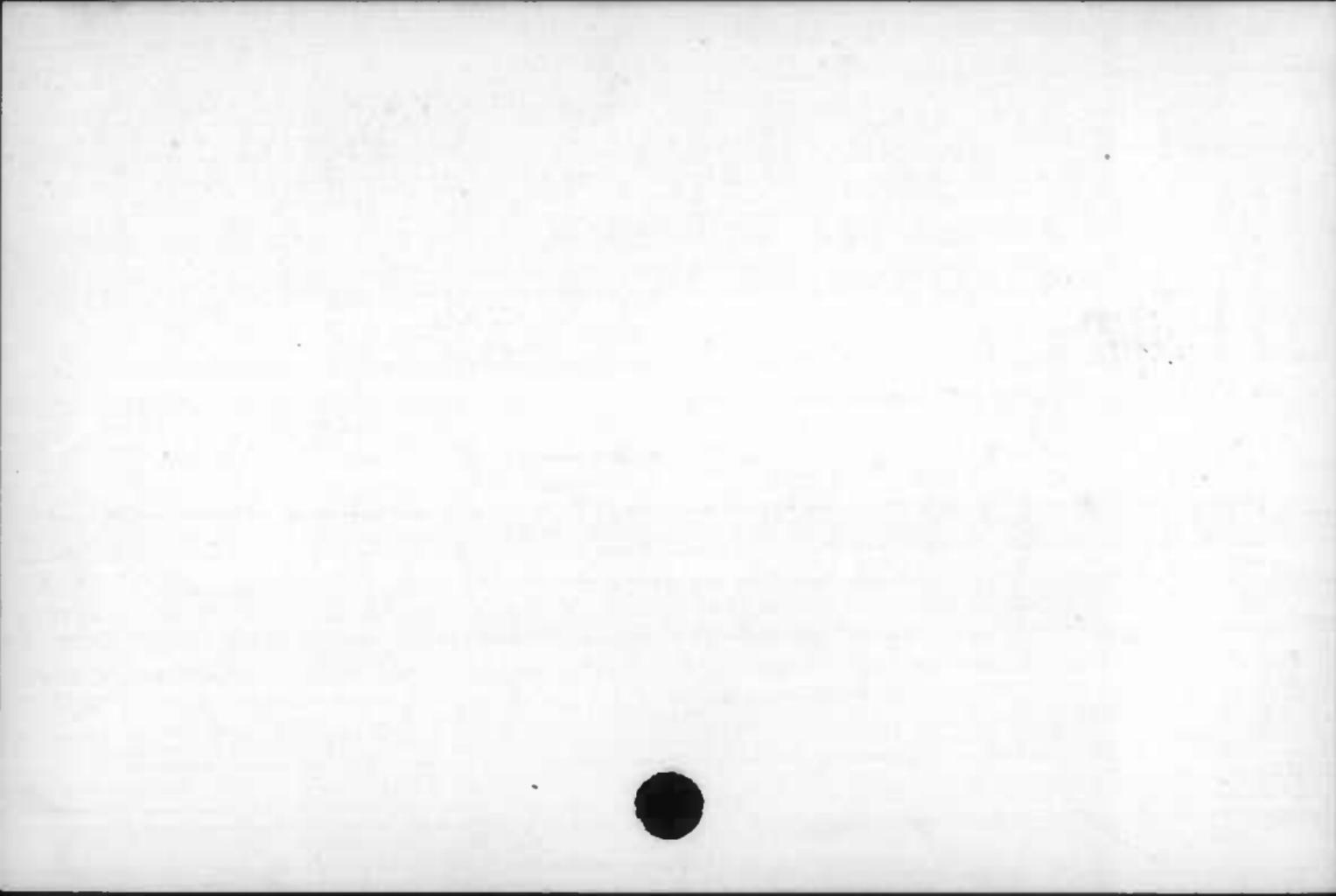
yes

Signature of Physician

Address

John A. Cox
213.
Md.

Accident or Suicide?



Name
in
Full

Russell Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married: Single	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1909 Dec 17 18

Male White

Housewife

Single

Mrs Grimes

Rockwood

Rockwood

Rockwood

Mrs Grimes

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary

Refracted

Immediate

Are the name, age, sex, color, date and place correctly given above?

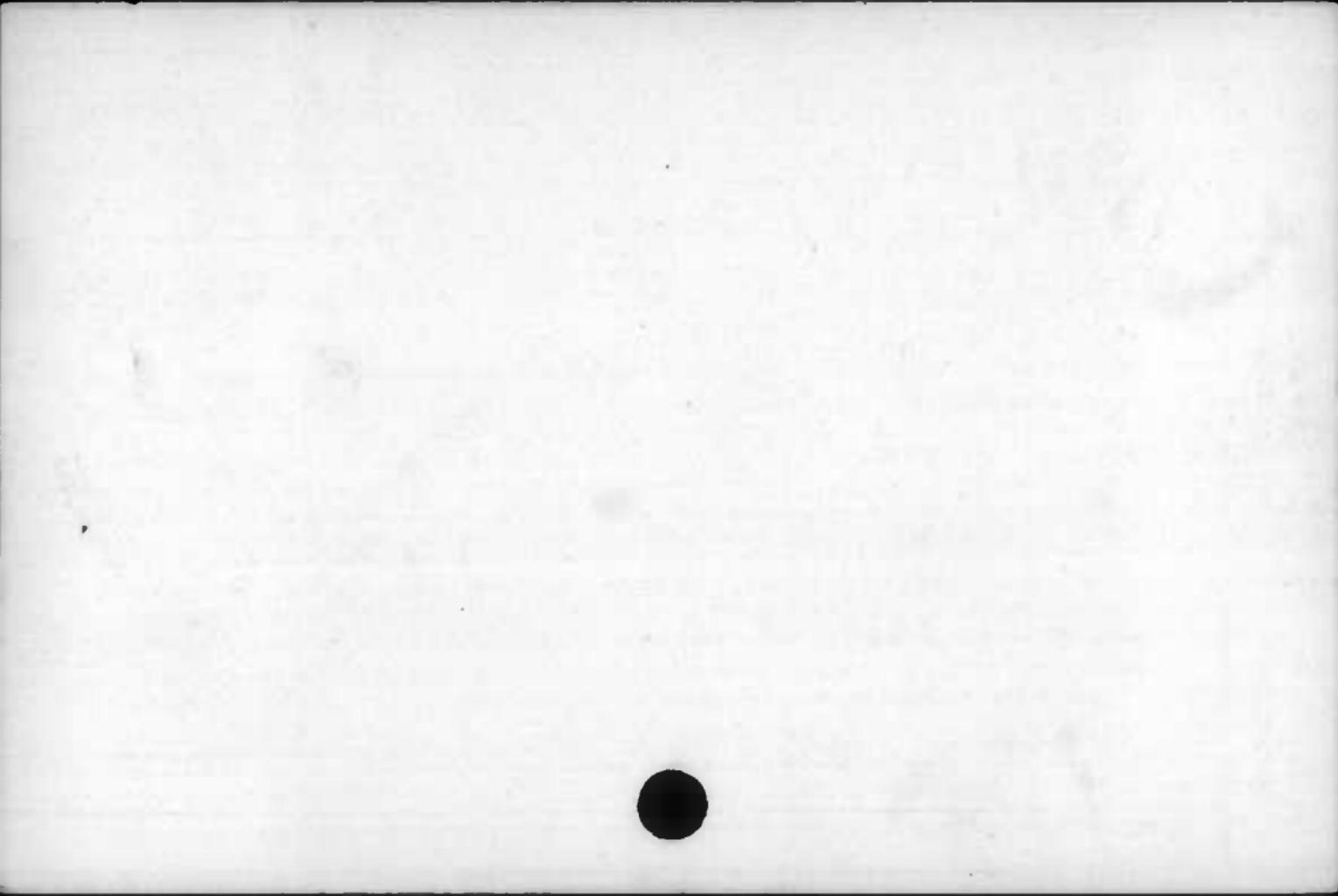
Yes

Signature of Physician

Address

J. L. Beary
Clinic

Accident or Suicide?



Name
in
Full

Manie E. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Laurel

Town

County

Date of death 1909 Dec

Month

Day

Years

Months

Days

1. 40

Age 21

9

1

Sex Female

Color or
Race

white

Birth-
place

Md

Occupation Housewife

Where Reiding if not
at place of death

Married, Single
or Widowed Yes

Name of Wife or
Husband

John J. Smith

Father's
Birthplace

Md

Father's
Name Robert Wills

Mother's
Birthplace

Md

Mother's
Maiden Name Mary McDonald

How related
to deceased

Husband

Name of person giving
Information John J. Smith

CAUSES OF DEATH

Primary Pulmonary Tuberculosis

How long Six mo.

Immediate Heart Failure

How long Four hours

Are the name, age, sex, color, date
and place correctly given above?

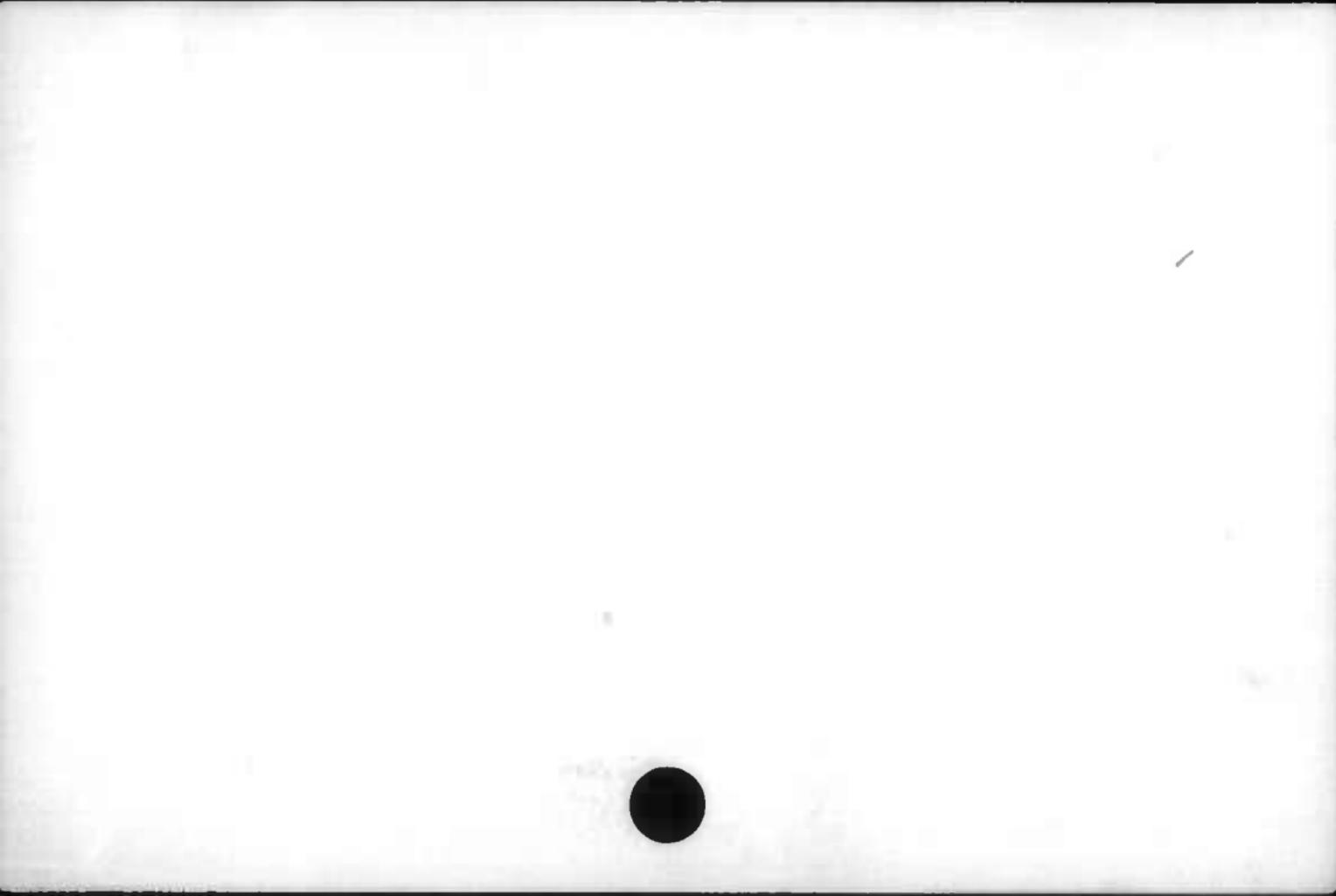
Signature of
Physician

Address

Accident or Suicide

27

How long



Name
in
Full

Mary Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Meddors County Prince George
Town MD MARYLAND

Date of death <u>1909</u>	Month <u>12</u>	Day <u>24</u>	Age <u>71</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth- place <u>MD.</u>				
Occupation <u>None</u>	Where Residing if not at place of death					

Married, Single
or Widowed Single Name of Wife or
Husband

Father's
Name Frank Smith

Mother's
Maiden Name Josephine Gross

Name of person giving
Information Frank Smith

Father's
Birthplace MD

Mother's
Birthplace MD

How related
to deceased Father

179

How long several months

How long 24 hours

Primary Marasmus

Immediate Collapse

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John E. Gough Jr.
Drastville
MD

Accident or Suicide Miller

PHYSICIAN
OR CORONER



Name
in
Full

Wallace Benj. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>I.B.</u>		Town	County	MARYLAND	
Date of death <u>1909</u>	Month <u>12</u>	Day <u>1</u>	Years <u>Age about 53</u>	Month	Day
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace <u>Md</u>			
Occupation <u>Laborer</u>	Where Residing if not et place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Christiana Pinkney</u>	Father's Birthplace <u>Md</u>			
Father's Name <u>Wm Smith</u>	Mother's Birthplace <u>not known</u>				
Mother's Maiden Name <u>not known</u>	How related to deceased <u>Son</u>				
Name of person giving Information <u>Harvey Smith</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of Stomach

40

How long

4 months

Immediate Exhaustion

How long

several days

Are the name, age, sex, color, date
and place correctly given above?

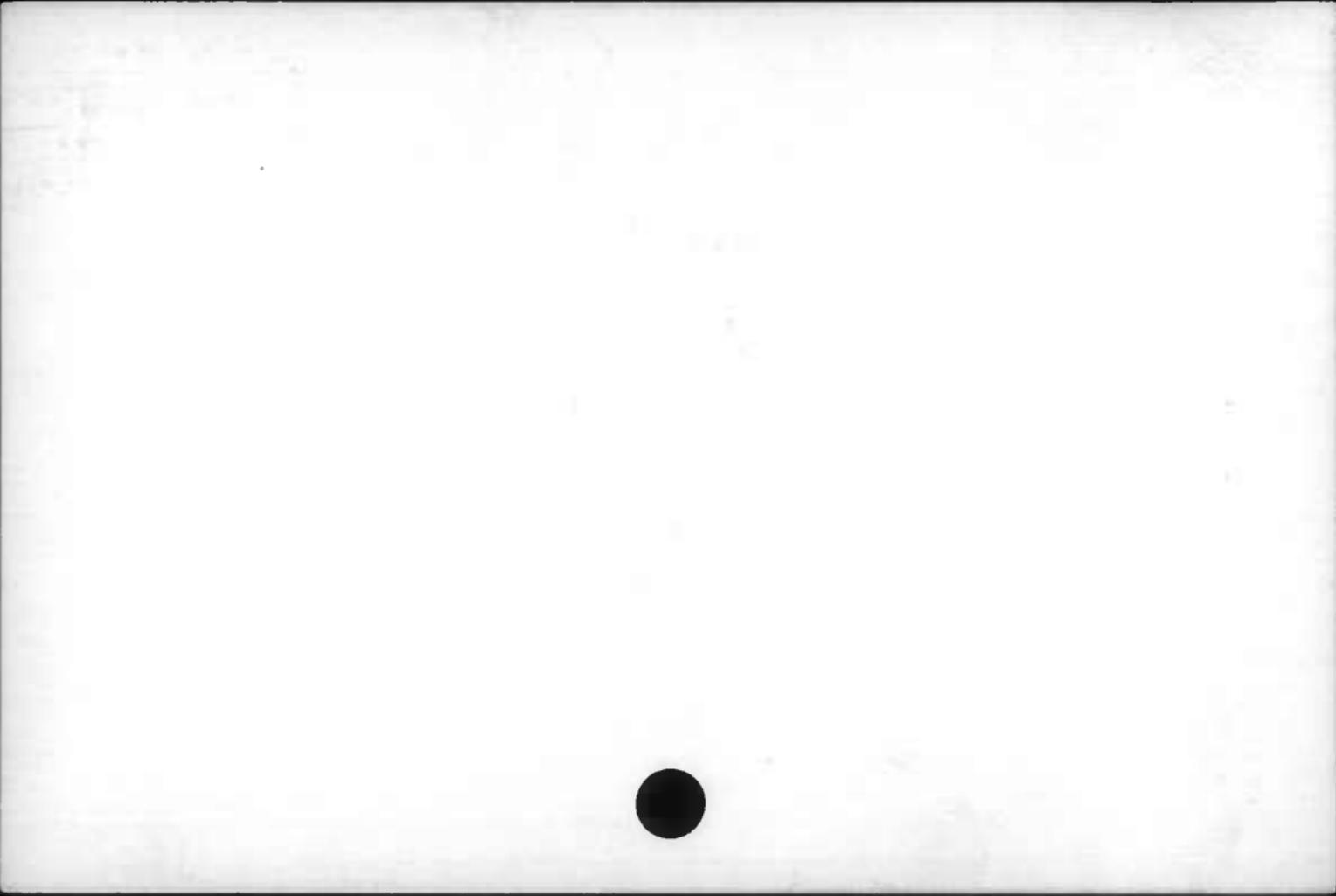
Yes

Signature of
Physician

Address

John A. Cox
I.B. Md.

Accident or Suicide



Name
in
Full

John T. Sprigg

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

Seat Pleasant

P. C. W. Co.

MARYLAND

Date

of death 1909

Month

12

Day

3

Years

55

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Labored

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Maria Louise Sprigg

Father's
Name

John Sprigg

Father's
Birthplace

Mother's
Maiden Name

Morris

Mother's
Birthplace

Name of person giving
Information

Maria L. Sprigg

How related
to deceased

Primary

Natural causes
Heart trouble

CAUSES OF DEATH

Immediate

79

How long

Sudden

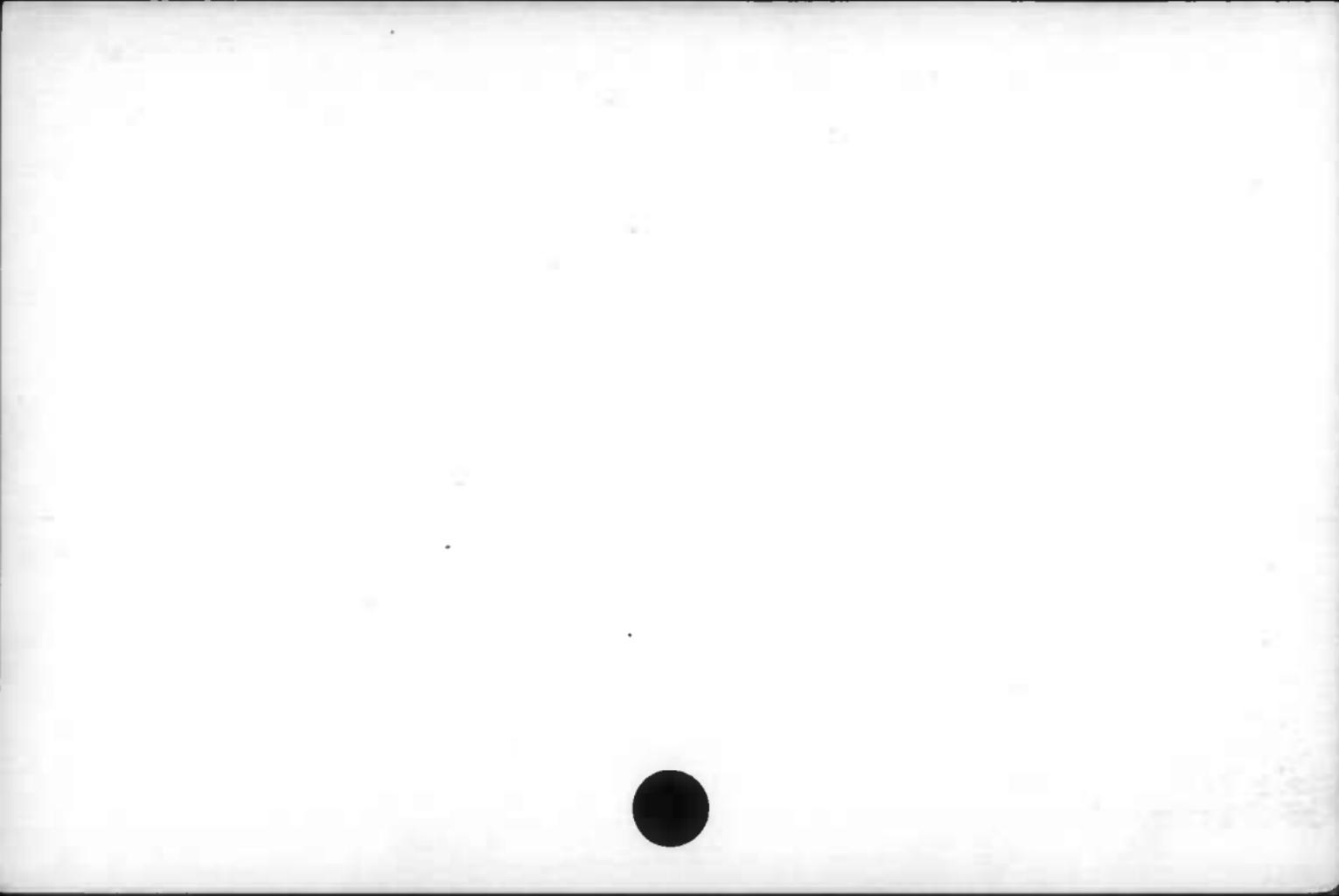
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John E. Samsbury
Forestville
Md

Accident or Suicide



Name
in
Full

Westley Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Blacksburg Town Prince Geo County MARYLAND
Date of death 1909 Dec 16 Month Dec Day 16 Age 54 Years 5 Months 0 Days 0
Sex Male Color or Race White Birthplace Ind
Occupation Laborer Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Decie Reed
Father's Name John Henry Tucker Father's Birthplace Unknown
Mother's Maiden Name Ellen Rebecca Cook Mother's Birthplace Unknown
Name of person giving Information Decie Tucker How related to deceased Wife

CAUSES OF DEATH

Primary

Arteriosclerosis. Myocarditis

Immediate

Acute cardiac decompensation

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

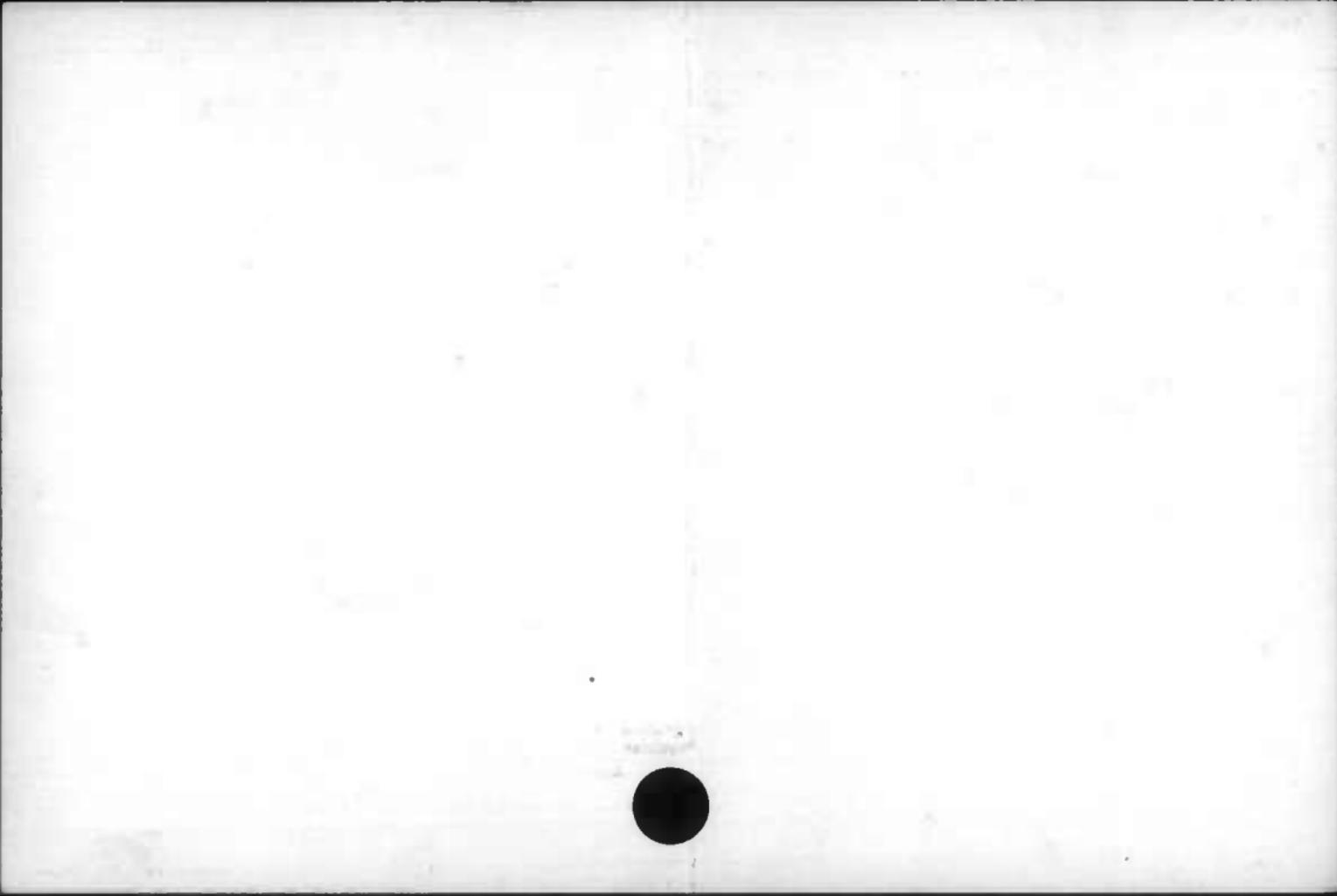
79

How long

How long

72 hr

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Mary Ann Underwood
Accokeek. Md. Es.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death 190	Month	Day	Year	Months	Days
	9 Dec	14	73	-	-
Sex	Color or Race	Age	Birth-place		
Female	White		Chas. Co. Md.		

Occupation
Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

John Underwood.

Father's Name
Miley Fergall.

Father's Birthplace
Chas. Co. Md.

Mother's Maiden Name
Harriet Dyer.

Mother's Birthplace
C. P. Geo. Co. Md.

Name of person giving
Information

Margaret Underwood

How related
to deceased
Grand-daughter

CAUSES OF DEATH

154

How long

20 months. -

How long

Primary

Infirmities of Age.

Immediate

Heart Failure.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

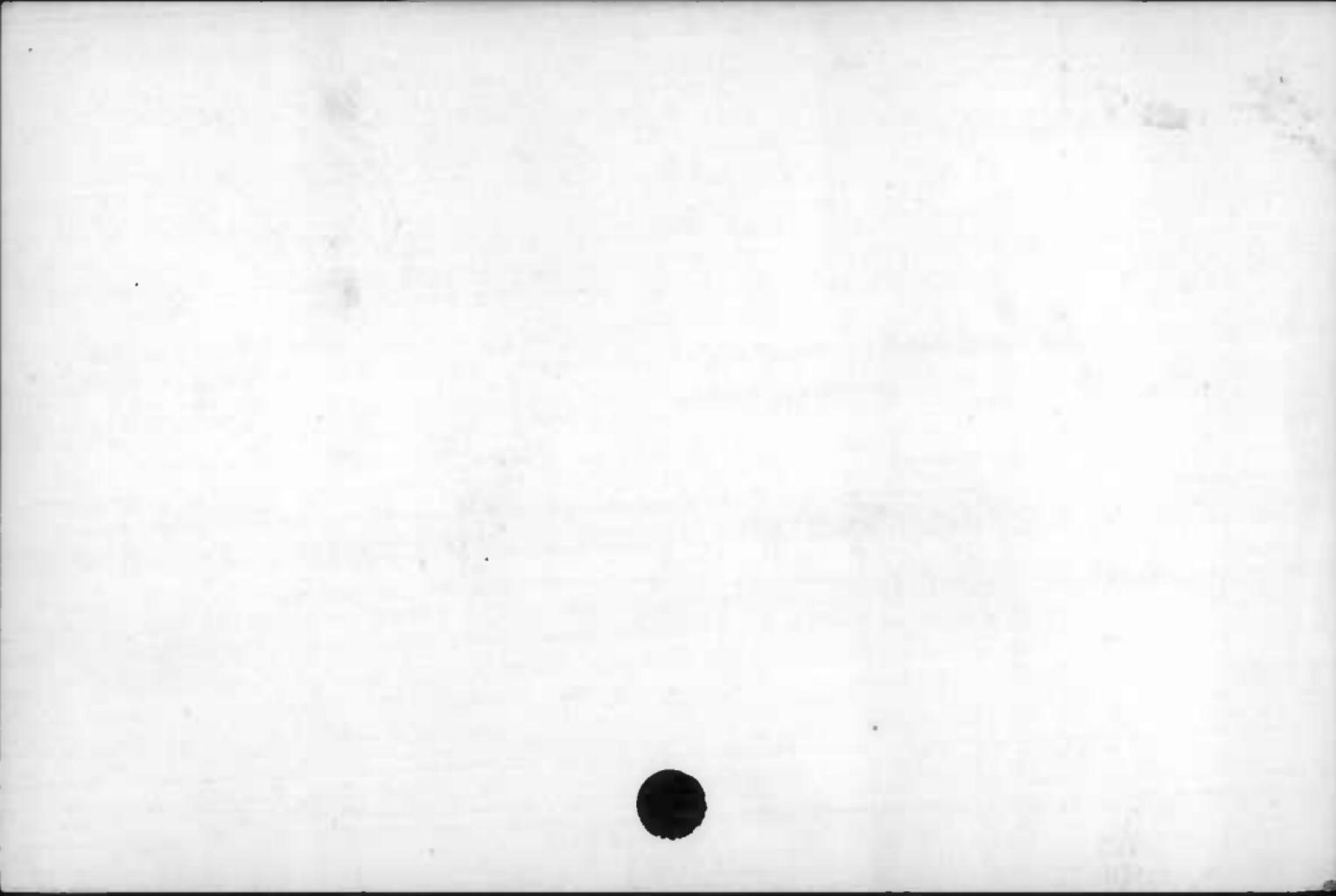
Signature of
Physician

Address

E. A. Kurtz. M. D.

Piscataway, Md.

Accident or Suicide?



Name
in
Full

Mrs. Dicie Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Laurel.

County

Pt. George

MARYLAND

Date

Month

Day

of death 1909 12 9

Year

Months

Days

Age

Years

76

Color or
Race

Age

Female

White

Birth-
place

Safford Co. Pa

Occupation

Housekeeper

Where Reading if not
at place of death

Laurel Md.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Marcus Waters

Father's
Name

Matthew

Father's
Birthplace

Va.

Mother's
Maiden Name

Stephens

Mother's
Birthplace

Va.

Name of person giving
Information

Annie Simmonds

How related
to deceased

Daughter.

CAUSES OF DEATH

64

How long

work

How long

Primary

apoplexy

Immediate

Are the name, age, sex, color, date
and place correctly given above?

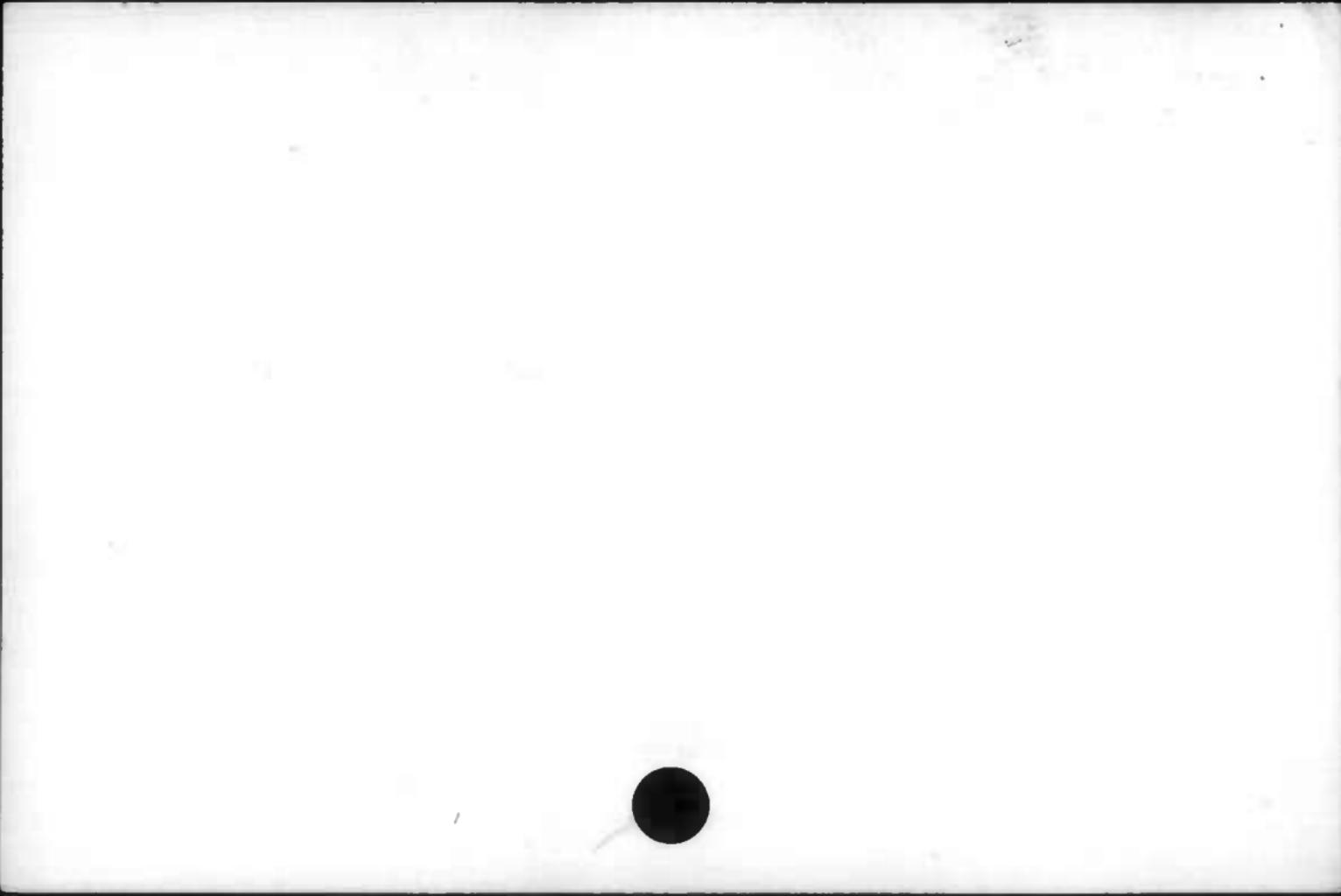
Signature of
Physician

Address

Dr. Charles
Sayard

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

male child of Edward F. Young & Lena Young.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County	MARYLAND	
Brandywine			Prince Georges		
Date of death	Month	Day	Years	Months	Days
1909	12	13	—	—	1
Sex	male	Color or Race	colored	Birth-place	Md
Occupation	Wor		Where Residing if not at place of death	Same	
Maid, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward F. Young		Father's Birthplace	Md	
Mother's Maiden Name	Lena Turner		Mother's Birthplace	Chas Co, Md	
Name of person giving information	Edward F. Young		How related to deceased	Father	

CAUSES OF DEATH

109

Primary	Weak at birth (unable to take nourishment.)	
Immediate	Hemorrhage of bowels (Exhaustion) 24 hours.	
Are the name, age, sex, color, date and place correctly given above?	Signature of <u>Acting</u> Physician <u>Coroner, William H. Squires, Jr.</u> Address <u>Brandywine, Md.</u>	
Yes		
Accident or Suicide?		

